

YRC LOGISTICS - CREDIT APPLICATION / CUSTOMER PROFILE

Service Types	___ Intl Export Fwdg	___ Intl Import Fwdg	___ Customs Clearance/ACH	___ Truckload Brokerage
	___ Cross Border	___ Domestic Forwarding	___ Dedicated Fleet	___ Domestic Ocean Fwdg
	___ SLS	___ TMS	___ Flow Thru Distribution	___ Dedicated Warehouse

Anticipated Monthly Duty Charges * \$ _____	YRCL /YRCW Sales Rep. Name: _____	Anticipated Monthly Credit /Activity Level \$ _____
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COMPANY BACKGROUND (Required for All Customers**)**

YRCL Assigned Account # Intl _____ Domestic _____		YRCW Account # _____
COMPANY/TRADE NAME		PUBLICLY TRADED YES ___ NO ___
STREET ADDRESS		STATE _____ ZIP _____
CORPORATIONS: EIN # _____	SOLE PROPRIETORS	PARTNERSHIPS
Date of Incorporation _____	Date Started _____	Date Started _____
State of Incorporation _____	Soc. Sec # _____	EIN # _____

PARENT NAME: _____		IF SUBSIDIARY/SOLE PROPRIETOR OR PARTNERSHIP	
PRINCIPAL'S NAME: _____		PARENT ADDRESS: _____	
PRINCIPAL'S HOME ADDRESS: _____		PHONE #: _____	

BANK REFERENCES (Required for New Customers)

NAME	CONTACT NAME	PHONE #
STREET ADDRESS	CITY	STATE _____ ZIP _____
CHECKING ACCOUNT # (*Required*)	LOAN # (IF APPLICABLE)	DATE OPENED:

COMMERCIAL TRADE REFERENCES (Required for New Customers)

NAME	CONTACT NAME	PHONE #
STREET ADDRESS	CITY	STATE _____ ZIP _____
NAME	CONTACT NAME	PHONE #
STREET ADDRESS	CITY	STATE _____ ZIP _____

INVOICING INFORMATION (Required for All Customers**)**

COMPANY NAME	PHONE #	FAX #
STREET ADDRESS	CITY	STATE _____ ZIP _____
PERSON RESPONSIBLE FOR PAYMENT	E-MAIL ADDRESS	

I, the undersigned represent that the above information is true & correct as of the date thereof. I am aware that falsification of any information may result in denial of credit by YRC Logistics. My signature below indicates my permission for YRC Logistics to obtain credit information from the referenced sources. I agree to submit payment for all charges according to applicable credit and service terms. Credit terms are NT30 days on export cargo, NT15 days on import cargo. All other services as specified by contract or written agreement. Duties in excess of USD/CD 7,500 require advance payment.*Advanced duties/taxes subject to prepay fees.

Officer Signature Required	
_____	_____
OFFICER NAME (PRINT)	TITLE
_____	_____
OFFICER SIGNATURE	DATE