



DATE: **YORK TRANSPORTATION** **YORK WAREHOUSING & DISTRIBUTION**

APPLICATION SECTION

LEGAL BUSINESS NAME: _____

BILLING ADDRESS: _____

CITY, PROV.,POSTAL CODE: _____

TELEPHONE#: _____ **FAX#:** _____ **YEARS IN BUSINESS:** _____

BUSINESS ADDRESS (IF DIFFERENT FROM ABOVE)

STREET ADDRESS/PO BOX: _____

CITY, PROV.,POSTAL CODE: _____

IS THE BUSINESS A: **CORPORATION:** **PARTNERSHIP:** **SOLE PROPRIETOR:** _____

PRINCIPAL OWNERS/SIGNING OFFICERS

NAME: _____ **TITLE:** _____ **PHONE:** _____

NAME: _____ **TITLE:** _____ **PHONE:** _____

ACCOUNTS PAYABLE CONTACT: _____

BANKING INFORMATION

ACCOUNT NUMBER: _____ **ACCOUNT MANAGER:** _____

NAME: _____ **BRANCH:** _____

NAME: _____ **BRANCH:** _____

TRADE REFERENCES

NAME: _____ **PHONE:** _____ **FAX:** _____

NAME: _____ **PHONE:** _____ **FAX:** _____

CREDIT LIMIT REQUESTED: (additional credit may be requested) _____

NOTE: Credit terms maximum 30 days strictly enforced. One reference must be a transportation company.

DATE: _____ **SIGNATURE:** _____ **TITLE:** _____

CREDIT APPROVED SIGNATURE: _____ **DATE:** _____

CREDIT DECLINED SIGNATURE: _____ **DATE:** _____