



"WE ARE GOING YOUR WAY"  
LTL & TRUCKLOAD REFRIGERATED SERVICE

FREEZER & COOLER SPACE AVAILABLE

P.O. BOX 1046  
WORTHINGTON, MN. 56187

Telephone 507-376-9221  
Fax 507-376-9225  
EMAIL cliff@yourwayinc.com

For the purpose of purchase freight transportation services on credit from, YOURWAY TRANSPORTATION INC. , of Minnesota, the undersigned applicant furnishes the information below regarding its status and operations and agrees to the terms set forth.

- 1) Exact legal name
- Address
- City, State, Zip
- Phone
- Fax
- Federal Tax ID #

(If incorporated or partnership, give the names, addresses, titles and phone #s of officers and/or persons whom will be responsible for out standing debt)

2) Nature of your business and date started

3) Bond Company name and number (if applicable)

Signature of Company Officer and Title

Signature \_\_\_\_\_ Title



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4) Banks name, address, account #, Phone # and person to contact

- Name
- Address
- Account #
- Phone #
- Contact

I authorized my bank to release all credit information needed by fax to  
YOURWAY TRANSPORTATION, INC.

Signature \_\_\_\_\_

5) Yourway Transportation Inc., may contact the following trade and credit references:  
(Please limit the list to three)

- 1)
- 2)
- 3)

6) The Applicant agrees to the following conditions:

- a) To pay all invoices within 30 days from invoice date of Yourway Transportation.
- b) If applicant fails to pay within the time schedule, the applicant agrees to interest of 1.5 percent per month. (Yourway agrees to give 5 days for mail only)

The information contained herein is true and correct and is for confidential use of  
YOURWAY TRANSPORTATION, INC.

Dated on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Name of applicant/company \_\_\_\_\_ by \_\_\_\_\_ Name and title of officer