



Yellow Transportation Offers Special Discounts for Members of the National Tooling & Machining Association!

Members will receive a 70%* discount on the following Services:

Standard Ground Shipments™: With more direct points throughout North America than any other transportation provider

Definite Delivery®: Guaranteed transit times, constant monitoring, proactive notification and end-to-end visibility

Exhibit Services: Guaranteed exhibit transportation services for fast, reliable, damage-free delivery

These additional services are also available to NTMA Members:

Exact Express® Shipments: Exact Express provides time-definite, expedited delivery

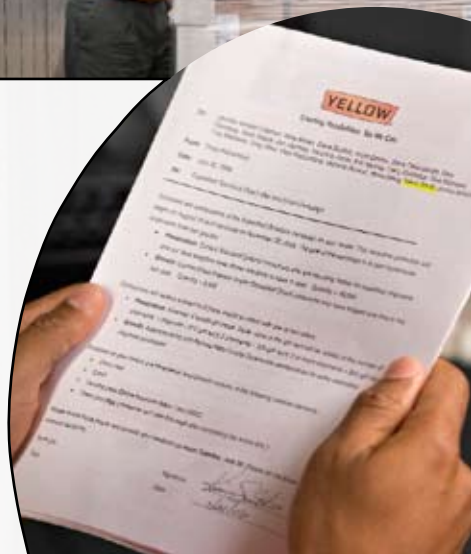
Dedicated Equipment: A variety of specialized, exclusive use equipment to meet your needs

Shipments to Canada and Mexico: Specialized cross-border services to Canada and Mexico

Global Services: Seamless integrated air, ocean and overland service around the world with full logistics support

The Yellow Promise? To Help You Keep Yours.

Every shipment is a commitment to your customers. Every delivery is a promise kept. When your reputation is on the line, there's no room for second chances.



Enrollment in the NTMA Shipping Program is free.

To enroll, please fill out the registration form on the back and fax it to 913.266.4369.

Steve Velasquez

800.647.3061 ext. 6551

Or enroll online at Enrollhere.net.

* Larger discounts may apply for volume shippers.

Connecting savings and solutions for NTMA Members





YELLOW TRANSPORTATION, INC.

Program designed specifically for
NTMA
National Tooling & Machining Association

Enrollment Form and Credit Application

Send completed application to:
Yellow Transportation, Inc.
Steve Velasquez
10990 Roe Avenue
Overland Park, KS 66211
or fax to: (913) 266-4369
or call: (800) 647-3061 ext. 6551

Please PRINT or TYPE the requested information.

CREDIT TERMS: Payment Due in 15 days.

COMPANY (MEMBER) INFORMATION

Company (Member) Name *: _____ Phone: () - Fax: () -

Pick-up/Delivery Address *: _____
(Street Address) (City) (State/Prov.) (Zip/Postal Code)

Corporate Affiliation: _____
(Parent Company Name) (Address) (City) (State/Prov.) (Zip/Postal Code)

Type of Business: Proprietorship Partnership Corporation State Incorporated: _____
(Provide State)

Number of Locations *: _____ Number of Employees: _____ Annual Sales: \$ _____ Maximum Credit Required: \$ _____ Duns #: _____

Individual responsible for shipping decisions at your company? Name: _____ Phone: ()

E-mail Address: _____ Website: _____

- Attach a list of all locations at which you ship or receive freight and trade names (d/b/a) you utilize at those locations.

INVOICING INFORMATION

Mail invoices to: _____
(Company Name) (Street/P.O. Box) (City) (State/Prov.) (Zip/Postal Code)

Individual responsible for payment of freight charges: _____ Phone: () - Fax: () -

CREDIT REQUEST

- Check the box at left to apply for a **credit account** and **authorize** Yellow Transportation to perform a credit check. You may attach a list of credit references for us to use in the event we are unable to confirm credit through our credit bureaus.

The information provided is for the purpose of obtaining an account and/or establishing credit with Yellow Transportation, Inc. By checking the box above, Member authorizes the release of credit information from credit bureaus/references provided and certifies that all information provided is correct. If Application is approved, this Enrollment Form shall operate to cancel any and all prior Agreements and pricing arrangements the Member might otherwise have had with Yellow Transportation. Member's participation in the Association Program may be terminated by any party upon written notification or by the execution of the termination provisions in the applicable Agreement. All traffic under the Association Program shall be governed under applicable YFSY Tariffs. By signing below, Member hereby acknowledges, consents, and designates NTMA, as Member's exclusive negotiating agent for the pricing, and any changes thereof, and Member agrees to pay said charges for the services provided within 15 days.

(Signature of Authorized Officer/Principal, Title & Date)

(Please Print Signed Name)

Yellow Transportation Use Only

Cust ID#: _____
CMF#: _____