Group Transportation Services

5876 darrow road / hudson, ohio 44236-3864
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www.onestopshipping.com / gts@onestopshipping.com

CLIENT SETUP FORM

Company Name: _____

Address: _____

City, State, Zip: _____

Association: _____

Contact: _____

Email: _____

Phone: _____

Fax: _____

Type of Card: (Circle One) AMEX VISA M/C

Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expires on: (month) ☐☐ (year) ☐☐ ☐☐☐☐ **SECURITY DIGITS FROM BACK OF YOUR CREDIT CARD, FOUND IN SIGNATURE LINE.**

Print name as it appears on card:_____

Address of cardholder:_____

Group Transportation Services (GTS) will charge your credit card account for all invoiced charges, including any reweigh or applicable accessorial charges and mail or fax your statement to you as verification that payment has been applied. Please inform GTS immediately of any changes in your credit card account. For all LTL, Truckload and Air Freight shipments arranged by GTS the following information must appear on the bill of lading in order to receive your GTS discount: **Prepaid-Third Party** Bill to: **GTS, 5876 Darrow Road, Hudson, OH 44236-3864.** The company agrees that GTS will not be liable to the company for any damages of whatever nature, including but not limited to, consequential, special or punitive, with respect to GTS carrying out its obligations and duties as specified herein. The company agrees to look to the freight carrier for damages if the company were to suffer any damages in the delivery of any of its property. Thank you for your business we appreciate it!

_____ _____ _____
(authorized cardholder signature) (title) (date)

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