



Thank you for choosing (GTS) to provide transportation services to (Co. Name)_____. In order to process your credit application we ask that you complete and verify the information below and fax to 330.342.8701.

COMPANY: _____ CONTACT: _____
 ADDRESS: _____ TITLE: _____
 ASSOCIATION: _____ PHONE: _____
 BUSINESS DEV: _____ FAX: _____

DBA Names and/or other Locations:

By executing this Credit Application the fore mentioned Company designates Group Transportation Services (GTS) and/or GTS Affiliate Companies (GTS), 5876 Darrow Road, Hudson, OH 44236-3864, as a provider of third-party freight transportation services. GTS shall exert commercially reasonable efforts to arrange for third-party transportation as requested by Company.

The Company authorizes GTS to obtain information from the Company's references for the purpose of obtaining credit with GTS. I understand by providing the fax number(s) and/or e-mail address(es) in this enrollment, I am authorized and hereby consent for my company to receive information sent by, or on behalf of, GTS.

The Company will be invoiced by GTS for all transportation charges less the GTS freight discounts. The company agrees to pay in full the amount invoiced within fifteen (15) days of the invoice mailing date. If the company fails to pay GTS the full amount invoiced within thirty (30) days, the company shall be charged the full and non-discounted rate for transportation of goods. The Company authorizes GTS to charge the company's credit card for any past due amounts remaining unpaid after sixty (60) days.

Credit References--Please include your company's Duns#, Fed ID#, and four credit references

Please fill out completely and/or attach your own credit reference sheet with all the above information.

	Duns # _____	Fed Id # _____		
	Company Name	Contact	Fax # (REQUIRED)	Phone #
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

GTS EXPRESSLY DISCLAIMS ALL WARRANTIES OR REPRESENTATIONS WITH RESPECT TO THE SERVICES TO BE PROVIDED BY GTS PURSUANT TO THIS AGREEMENT, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATIONS, THE IMPLIED WARRANTIES OF MERCHANT ABILITY AND FITNESS FOR OUR PARTICULAR PURPOSE. THE COMPANY FURTHER 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 AND/OR ANY OTHER MATTER RELATING THERETO. THE COMPANY AGREES TO LOOK TO THE FREIGHT CARRIER FOR DAMAGES IF THE COMPANY OR ITS VENDORS WERE TO SUFFER ANY DAMAGES IN THE DELIVERY OF ANY OF ITS PROPERTY.

This Agreement and the terms and conditions stated herein contain the entire agreement between the parties relating to the subject matter hereof, and any representation, promise, condition, affirmation or fact, course of prior dealing and/or usage of trade not incorporated herein shall not be binding on either party. Any provision in any of the Company's documents which purports to be in addition to or vary from the terms and conditions hereof shall have no force or effect, except those contained in the GTS rules tariff, and the Company shall be deemed to have consented to all the terms and conditions contained herein.

This Agreement shall be governed by the local laws of the State of Ohio, without regard to conflict of law principle, and the Federal and State courts governing Stark County, Ohio shall have exclusive jurisdiction and venue over disputes arising here from.

I authorize Group Transportation Services to negotiate freight rates & discounts on our behalf:

Occasionally GTS may wish to contact its customers to keep them apprised of marketing efforts, pricing updates, or policy changes. Please enter your email address to ensure that we may reach you.

- Yes, I authorize GTS to e-mail me.
- No, I do not wish to receive e-mails from GTS.

(Authorized Signature)

(Title)

(Date)

(E-Mail)

Billing Instructions

Would you prefer to receive your weekly statement via fax or e-mail? (circle your choice) Fax E-mail

Billing contact: _____

E-mail: _____ Phone: _____ Fax: _____

Billing address (if different than shipping address): _____

Payment Instructions:

Options (circle one): 1) Pay by Check 2) Credit Card* 3) Automated Clearinghouse (ACH)

Bill of Lading instructions for all LTL, Truckload, and Air Freight shipments arranged by **GTS MUST BE MARKED****

Prepaid – Third Party

Bill to: GTS

5876 Darrow Rd.

Hudson, OH 44236-3864

**Will be charged on a weekly statement. **Note: These instructions must be followed in order to receive your GTS discount. To receive discounts from GTS, payments are NET 15 days.*

Credit Card Information

***** ONLY TO BE COMPLETED IF CREDIT CARD WAS INDICATED AS YOUR METHOD OF PAYMENT ABOVE**

Your Company Name: <<Contact_Account>>

Address: <<Address_Address1>>, <<Address_City/State/Zip>>

Type of Card (circle): **VISA** **MASTERCARD**

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: _____

Print address of cardholder, if different: _____

(Authorized cardholder signature) **(title)** **(date)**

By signing this form you authorize Group Transportation Services, Inc. to charge your credit card in the amount of your total invoice charges, and agree to perform the obligations set forth in the Card member's agreement with the Issuer.

Outbound Shipments

Individual(s) responsible for calling GTS: _____

E-mail: _____

Phone: _____ Fax: _____

Shipping hours: _____ Would you prefer to receive your BOL's via fax or e-mail? Fax E-mail

Shipping address (if different): _____

Classes w/NMFC# and description: (example – C85, 156600 widgets) _____

Premium Shipment Authorization Contact (for shipments over \$2,000) _____

Do you have a dock? Yes No

If NO, are carriers able to deliver directly to your location? Yes No

Are delivery appointments needed? Yes No

Do you ship hazardous materials? Yes No

If yes, please note: _____

Do you require anything special for pickups (lift gate, straight truck only, etc.?) Yes No

If yes, please note: _____

Inbound Shipments

If GTS must provide a P.O. or reference number on your shipment invoice to facilitate payment, please initial the following verbiage:

GTS will have the authority to require all shippers to have the customer P.O./reference number available at the time of booking the order. If the shipper does not have the appropriate information, GTS is authorized to refuse the booking of that shipment until the required information is made available.

_____ (initials)