



APPLICATION PROCESS & INSTRUCTIONS

Telephone (303) 398-0400, Fax (866) 351-9503

**PRELIMINARY ENGINEERING
APPLICATION FORM**

Return the completed application along with a non-refundable deposit of **\$5,000 USD (\$6,616.38 CAD)** for the application fee. Also, provide details of the proposed public project in the form of a survey or engineering stamped plans with dimensions, coordinates and railroad property boundaries. Also depict any planned or proposed improvements on the railroad’s premises with dimensions from nearest track. Note that there is one application accepted per location; if the requested project involves multiple locations, you will need to submit an application for each location. Additional fees will be assessed pursuant to a separate written Preliminary Engineering Agreement. Checks can be made payable to OmniTRAX. Be sure to list the check number(s) at the bottom of the cover sheet and application.

Send this application, deposit and any additional paperwork along with a map indicating the location of the project to:

**OmniTRAX Inc.
C/O AR Real Estate Department
252 Clayton Street
4th Floor
Denver, CO 80206**

Incomplete applications will result in processing delays and applications submitted without the required deposit will not be processed. If the submitted application and prints require review by any independent environmental (HAZMAT) or other outside consultants, this review will be at applicant’s sole cost and in addition to the aforementioned fees. Once an executable Preliminary Engineering Agreement is submitted to you, the agreement must be fully negotiated and executed within ninety (90) days. Thereafter, the application and materials will be archived and resubmission (including deposit) will be required. If you are a Canadian business or resident, this fee is a taxable supply. Include the applicable GST. REQUESTS FOR RUSHED SERVICES WILL BE DENIED.

PLEASE INITIAL HERE INDICATING YOUR UNDERSTANDING OF THIS POLICY: _____

LIST CHECK NUMBER(S): _____

RAIL MADE

EASY





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IDENTIFY WHAT TYPE OF PROJECT APPLICANT IS REQUESTING:

- Grade Xing Surface Maintenance/Replacement () Grade Xing Installation/Removal () Engineering Review Only ()
- Overhead/Undergrade Bridge Project () Warning Device Alterations () Parallel Road Construction ()
- Painting/Cleaning Bridges () Flagging Only () Bike/Pedestrian/Trail () Quiet Zone Proposal ()
- Other Request () _____

1. Complete Legal Name of Applicant: _____
2. Agreement to be in the name of (if different from above): _____
3. Type of Entity (please mark one): Government Agency ___ LLC ___ DOT ___ Municipality ___ Corporation ___ SHA ___ FHA ___
Other _____
4. If applicable, state/province of incorporation or organization: _____
5. Federal Tax Identification number (U.S. Leases): _____
6. Mailing Address: _____
7. Overnight Delivery Service Address (if different): _____
8. Contact Person: _____ Title: _____
9. Phone No.: () _____ Fax No.: () _____
10. Email: _____
11. Email Address Where Notices Can be Sent: _____
12. **Billing Contact Name, Phone Number, and Address Required:**

13. Will track operations be impacted by the applicant's project? Yes ___ No ___

14. Railroad Name: _____

15. Location Information

Nearest Milepost: _____ Nearest DOT Crossing No.: _____

Track Station (from): _____ Track Station (to): _____

NOTE: If Milepost or Track Stations are not known, please indicate the nearest road intersection here:

City: _____ County: _____ State: ___ Section: ___ Township: ___ Range: ___

Geographical coordinates required in decimal degrees – can be found online using Google Maps

(Example - Latitude: 39.720312 Longitude: -104.955415) Latitude: _____ Longitude: _____

Located on the (N/S/E/W) ___ side of (landmark, intersection) _____

16. Will another party be performing the work? Yes ___ No ___ (NOTE: If yes, additional information will be required.)

17. Estimated area of railroad's land to be impacted, if applicable: _____ (in square feet or acres)

18. Detailed description of intended use of railroad's premises: _____

_____ (Use a separate sheet of paper if needed)

19. How will applicant access railroad's property? _____



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20. Will hazardous materials be involved? Yes ___ No ___

If Yes, describe: _____

21. Will improvements be constructed on the railroad's premises? Yes ___ No ___

If Yes, describe: _____

_____ (Ensure the improvements are depicted on Engineering Plans)

22. Will applicant be storing materials or equipment during the project? Yes ___ No ___

If Yes, describe what will be stored: _____

Date: _____

LIST CHECK NUMBER(S): _____

Signature: _____

Name Printed: _____

Title: _____

Phone No.: _____

Email: _____

Fax No: _____

BE SURE TO RETURN THE COVER SHEET WITH YOUR APPLICATION



To Our Valued Potential Customer:

It is my pleasure to welcome you as a new or returning customer, and we are pleased to set up an account for you. To do so, you must complete, sign, and return the attached credit application; send to us by email a copy of your sales tax exempt certificate or indicate if you are not exempt; and lastly, understand the conditions detailed on the application.

The application information you will supply us will be used in proving credit worthiness and establishing a credit line for your company. If you decide to send bank and trade references on your company letterhead, our credit application must still be returned, signed by an officer or company manager. You are able to type your information on the application itself, however, we will need a written signature.

Please be aware, there are limited times when credit application information is not enough to establish credit at the limit you have requested. In those instances, we will request you to provide a copy of your company's most recent financial statement (balance sheet, P&L). The statement information, together with the completed credit application will help us in our credit decision.

Upon approval, we will send you the directions for Wiring Instructions, Lock Box, and ACH transfer information to remittance. We assure you that the information you supply will be kept in strict confidence and for the sole use of this department.

Sincerely,

Karen Planchon

Karen Planchon
Accounts Receivables and Credit Analyst | OmniTRAX, Inc.

“Rail Made Easy”





CREDIT APPLICATION FOR A BUSINESS ACCOUNT

Company Information:

Parent Co Name:

Is this company a branch or subsidiary? Yes No If yes, name the parent:

Address:

City, State, Zip:

Phone:

Fax:

DBA Name: .

Fed ID # .

Tax-Exempt: Yes No If yes, sales tax exempt certificate must be attached or sales tax will be assessed.

Ever Filed Bankruptcy? Yes If yes, how long ago?

Tax ID Number:

D&B # (DUNS): .

Legal Billing Name:

Company is a Corporation Partnership Proprietorship L.L.C P.L.C.

Corporate Registration NO:

V.A.T NO:

Annual Sales:

Are Financial Statements Available? Yes No Numbers Years in Business:

Type of Business: Service Manufacturer Distributor Reseller End User Retailer

NOTE: IF IN BUSINESS LESS THAN FIVE YEARS, YOU MUST COMPLETE A PERSONAL GUARANTEE

Third Party Billing Requirements:

Tax ID Number:

Sales Tax Exemption/Resale Certification #:

Legal Third Party Billing Name:

Address:

City, State, Zip:

Phone:

Fax:

DBA Name:

Tax-Exempt: Yes No If yes, sales tax exempt certificate must be attached or sales tax will be assessed.

Lien Waivers Required: Yes No If yes, please provide template to complete

Special Invoicing requirements: Yes No

If yes, please describe:

Accounts Payable/Invoice processing information:

Contact Name:

Contact Phone:

Email:

Are Purchase Orders required? Yes No

Preferred Payment Method: Check ACH Visa/MasterCard

Please note all credit card transactions over \$20,000 will be assessed a 2% processing fee



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

Shipping Address:

Name:

Address:

City, State, Zip:

Phone:

Fax:

Bank References:

Institutions Name:

Checking Account #:

Bankers Name:

Bankers Email:

Phone:

Fax:

Trade References:

Company 1 Name:

Contact 1 Name:

Contact 1 Email:

Contact 1 Phone:

Company 2 Name:

Contact 2 Name:

Contact 2 Email:

Contact 2 Phone:

By submitting this application for credit, you authorize OmniTRAX or affiliate, to make any inquiries necessary to determine credit worthiness. You release your banking instruction release details that would assist to determine credit worthiness.

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. Our terms of sale and service are NET 30 DAYS from the date listed on the invoice. Invoices that are beyond granted terms will be assessed a late fee of 18% APR (1.5% monthly) additional Terms and Conditions apply. A \$20.00 charge will apply for any NSF/Non-Sufficient Checks.

SIGNATURES

Print Name _____ Title _____
Date _____

Signature _____

For CCC Use ONLY

Terms applying for: NET 30 Other Term Approved: Click here to enter text. Credit Amount Approved: Click here to enter text. Commercial Rep.: Click here to enter text. Applicant: New Existing- being renewed. Existing- requesting increase in Cr. Limit