



**APPLICATION PROCESS & INSTRUCTIONS**

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

**RIGHT OF ENTRY LICENSE  
APPLICATION  
Environmental**

Return the completed application along with a non-refundable fee in the amount of **\$3,500 USD (\$4,375 CAD)** and a print or sketch of the proposed premises with dimensions, coordinates and directions. This Right of Entry Request is limited to a 30 day period. The exact date ranges will be required as will the use of flagmen when near an active rail line. Flagmen will be at the sole expense of the applicant. If the applicant needs to use the premises beyond the 30 day period, a new application and fee will be required.

*(Be sure to list the check number(s) at the bottom of the cover sheet AND application)*

Make check(s) payable to:

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

[\(As information, future payments will also be sent to the address listed above.\)](#)

If the submitted application and/or plans require review by an environmental (HAZMAT) or other outside consultants, it will solely be at the applicant's expense and in addition to the aforementioned fees. INCOMPLETE applications will result in processing delays and applications without the required fees will not be processed. If you are a Canadian business or resident, this fee is a taxable supply. Include the applicable GST.

Once an executable Right of Entry Agreement is submitted to you, the agreement must be fully negotiated and executed within thirty (30) days. Thereafter, the application and materials will be archived and resubmission (including fees) will be required.

**PLEASE INITIAL HERE TO INDICATE YOU UNDERSTAND THIS POLICY:** \_\_\_\_\_

**LIST CHECK NUMBER(S):** \_\_\_\_\_  
\_\_\_\_\_





**RIGHT OF ENTRY APPLICATION – ENVIRONMENTAL**

**REQUIRED**

Date range for the use of the Railroad’s property (30 day max).

INDICATE DATE RANGE: From \_\_\_\_\_ To \_\_\_\_\_

**Section 1:**

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): Corporation \_\_\_ LLC \_\_\_ Individual \_\_\_ Municipality \_\_\_  
Partnership \_\_\_ General \_\_\_ Limited \_\_\_ 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 to: \_\_\_\_\_
12. **Billing Contact Name, Phone Number, and Address Required:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 2:**

- Will there be any activity, material, vehicles or equipment within 50 feet of a railroad track in connection with your project? YES \_\_\_\_\_ NO \_\_\_\_\_ (If ‘YES’, Railroad protective liability insurance will be required)
- Within 25 feet? YES \_\_\_\_\_ NO \_\_\_\_\_ (If ‘YES’, a Flagmen will be required at applicant’s expense)
- Will there be any excavation involved? YES \_\_\_\_\_ NO \_\_\_\_\_ (If ‘YES’, include shoring plans)
- Site Location (City, County & State): \_\_\_\_\_
- Railroad: \_\_\_\_\_
- Railroad Site Location Information: (Railroad Mile Post, Subdivision, or any other pertinent location information)  
\_\_\_\_\_
- Project Levels:  
 \_\_\_\_\_ Phase I. Non-invasive, non-intrusive visual site inspection and records check only. No sampling will be involved.  
 \_\_\_\_\_ Phase II. Site investigation. You must advise specific testing to be performed from the list below.  
 \_\_\_\_\_ Phase III. Site remediation.  
 \_\_\_\_\_ Other. Please describe your project in detail as it pertains to Railroad property.
- Name, Address and Contact Person of Governmental Agency Requiring this Project:  
\_\_\_\_\_



**RIGHT OF ENTRY APPLICATION – ENVIRONMENTAL**

<b>Type of Environmental Testing</b>	<b>Number of Each</b>
Surface soil/sediment samples	_____
Hand-held auger borings	_____
Soil gas survey points	_____
Boring drilled with soil samples	_____
Temporary piezometer wells	_____
Temporary monitoring wells (must be flush-mounted)	_____
Permanent monitoring wells	_____
Recovery wells and associated above-ground equipment	_____
Recovery systems and above-ground equipment	_____
Other – full description required	_____

- Special Provisions: Confidentiality \_\_\_\_\_ Railroad Flagmen \_\_\_\_\_ Monitoring Well \_\_\_\_\_  
Furnish Information \_\_\_\_\_ Proof of Financial Capability or Performance Bond \_\_\_\_\_

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.

Date: \_\_\_\_\_

LIST CHECK NUMBER(S): \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

Name Printed: \_\_\_\_\_

Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_

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 exempted and lastly; understand the conditions of sale 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. A fully completed application is necessary for shipping product on credit terms. If you decide to send bank and trade references on your company letter head, 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, however; 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 transfers' 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

Title

Print Name

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