



PRIVATE GRADE CROSSING APPLICATION

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

SECTION 1: TO BE COMPLETED FOR ALL CROSSINGS

- 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:

- 13. Type of Road Crossing: Private Farm Crossing Private Commercial Crossing Contractor's Crossing Pedestrian Overpass Pedestrian Underpass Other Existing Crossing New Installation Relocation Permanent Use Temporary Use for Mos. Reconstruction
14. Crossing will be used to access
15. Proposed Width of Crossing: feet
16. Desired Material for Crossing (circle one): Wood Planks / Concrete / Asphalt / Rubber / Other
17. Type of Vehicles to be driven over crossing: Passenger Cars Recreational Vehicles Pickups Farm Equipment Heavy Construction Equipment Other
18. Approximate number of daily one way trips over the crossing
19. Name of Owner of Property to be served by crossing
20. Address if different than above
21. Railroad being crossed:
22. Milepost (application will not be processed without a MP)
23. Crossing is located in the: Section Township Range (Example: SE 1/4 of NW 1/4 Section 15, Township 39N, Range 12E) In/Near the City of County State

Attach a legal description of your property to be served by the crossing and a property or county map showing the location of the crossing. Indicate on the map the distance measured along the track between the crossing and fixed objects in the vicinity (i.e., bridge, culvert, railroad mile marker, public road).



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SECTION 2: TO BE COMPLETED FOR EXISTING CROSSINGS ONLY

Name(s) of previous users of crossing _____

Crossing is currently covered by Agreement Number _____

Dated _____ with _____

SECTION 3: TO BE COMPLETED FOR INSTALLATION OF NEW CROSSINGS ONLY

How is the property currently accessed?

Why was the access to property not obtained from previous owner?

Desired crossing will be _____ feet () North () South () East () West

Of nearest _____ () Public () Private road crossing.

Track is in _____ ft. cut/fill Number tracks crossed _____ Track is on: () Curve () Straight

SECTION 4: REQUIRED Location: Geographical Coordinates (in decimal degrees)

Latitude _____ Longitude _____

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.: _____

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:

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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