



LAND LEASE RAILROAD-OWNED PROPERTY

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

19. Will improvements be constructed on the leased premises? _____ Yes _____ No
If Yes, Describe: _____
(Engineering plans may need to be provided)

20. Will storage tanks be placed on the leased premises? _____ Yes _____ No
If Yes, How many _____ Commodity stored _____, Size _____
Above Ground _____ Below Ground _____, STCC _____

21. FOR SIGNBOARD REQUESTS:

Check ONE: Single Sided Non-Digital () Double Sided Non-Digital ()
Single Sided Digital () Double Sided Digital ()

22. FOR CELL TOWER REQUESTS:

Area of pad: _____ square feet
Tower height: _____ feet
Number of anticipated tenants: _____
Distance from centerline of nearest rail: _____ feet
Proposed power source: _____
Distance from power source: _____

23. FOR FARM REQUESTS:

Types of commodities: _____

Tillable Area: _____ square feet/acres

24. FOR TIMBER REQUESTS:

Describe the proposed access: _____
List the types of trees to be harvested: _____
Proposed sustainable forest plan: _____

25. FOR A BUILDING REQUEST:

Check ONE: Single Family Home () Multi-Family Home () Warehouse ()
Office Building () Trailer () Garage ()
Other () _____

Area of building or space within that is being requested: _____ square feet
Proposed access to building: _____
Is Parking Required: YES () NO () Number of Spaces: _____

26. FOR PARKING REQUESTS:

Number of required spaces: _____
Proposed access to spaces: _____
Will spaces be: Private () Public () Commercial ()



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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:

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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