



APPLICATION PROCESS & INSTRUCTIONS

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

LEASE MODIFICATION APPLICATION FORM

IF YOU ARE AN EXISTING TENANT WHO NEEDS TO MAKE A MODIFICATION TO THE PROPERTY USE, PROPERTY SIZE, TERM, ETC., USE THIS APPLICATION TO SUBMIT YOUR REQUEST. Return the completed application along with a non-refundable fee in the amount of **\$500 USD (\$634 CAD)**. If you are changing the footprint of the premises, attach a print or sketch of the new premises with dimensions, coordinates and directions. Also, depict any planned or existing improvements on the leased premises and include the distance from the nearest track. There will be additional annual fees assessed for the use of the premises.

(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 Modification 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): _____

RAIL MADE

EASY





LEASE MODIFICATION RAILROAD-OWNED PROPERTY

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- 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. Is track usage needed? Yes No (**NOTE:** Land Leases do not include the use of track. A Track Lease Application will be required.)
- 14. Railroad Name: _____
Nearest Milepost: _____ DOT No.: _____
Track Station (from): _____ Track Station (to): _____
NOTE: If Milepost or Track Stations are not known, please indicate the nearest road intersection here;

Section: _____ Township: _____ Range: _____
 City: _____ County: _____ State: _____
Geographical Coordinates Required (in decimal degrees)
 Latitude: _____ Longitude: _____
 Located on the (N/S/E/W) _____ side of (landmark, intersection) _____

- 15. Do you plan to sublease to another party? Yes No (**NOTE:** If yes, additional information will be required.)
- 15. Estimated area of land to be leased: _____ (in square feet or acres)

16. **Detailed description of the intended modifications to the existing agreement:** _____

17. List all hazardous materials or petroleum products you will be handling on the leased premises, including STCC numbers: _____

18. Will hazardous or petroleum waste be generated? Yes No
 If "Yes", please describe: _____



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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 _____

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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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