



APPLICATION FOR PIPE LINE CROSSING/PARALLEL ENCROACHMENT UNDER/OVER PROPERTIES AND TRACKS

Telephone (303) 398-0441. Fax (866) 524 - 4141

Check the box if this is a **RUSH** application. Add \$1,500 USD (\$1,903 CAD) in addition to the application fee listed below.

PIPELINE CROSSING/PARALLEL ENCROACHMENT UNDER/OVER PROPERTIES AND TRACKS

Proposed plans must be approved by the railroad and a crossing agreement must be fully executed between the railroad and the applicant before construction can begin. Material and installation are to be in strict accordance with specifications of the American Railway Engineering Association and requirements of the railroad. One original of this form shall be submitted, accompanied by letter- sized Engineer Stamped Plans, elevation section of crossing from field survey, location in respect to Mile Post, width of railroad right of way, location of adjacent structures that may impede the crossing, and all information required in Figures 1 and 2 of AREMA Specifications, Part 5. If open cutting or tunneling is necessary, details of sheeting and method of supporting tracks or driving tunnel shall be shown.

Provide location (i.e. address, city, street, railroad milepost) and engineer stamped plans of the proposed leased premises with dimensions, coordinates and directions. Also depict any planned improvements on the leased premises with dimensions from nearest track (may incur additional costs or agreements for above ground occupancy). In addition, annual fees will be assessed pursuant to a written lease agreement. Please return the completed application, proposed plans indicating the location of the pipe, and a check for the non-refundable fee of **\$6,000 USD (\$7,611 CAD)**.

Make check(s) payable to:

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

If the application is approved, the applicant agrees to reimburse property owner for any cost incurred by property owner incident to installation, maintenance, and/or supervision necessitated by this installation and further agrees to assume all liability for accidents or injuries which arise as a result of this installation as provided in the agreement to be executed.

Incomplete applications may result in processing delays. Applications submitted without the required fees will not be processed.

Please note, 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.

Canadian residents/businesses, this fee is a taxable supply, please include applicable GST

STANDARD APPLICATION PROCESS IS 60 DAYS. REQUESTS FOR RUSH SERVICE: Once a COMPLETE application and required fees are received, including the rush fee of \$1,500 USD (\$1,903 CAD), a draft agreement will be made available for review within twenty one (21) business days. Please be sure to mark the box above.

Once an executable agreement is submitted to you, the license 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 INDICATING YOUR UNDERSTANDING OF THIS POLICY: _____

RAIL MADE

EASY



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If you have not reviewed the Railroad's Utility Accommodation Policy, please contact our Real Estate office at omnitrax.real.estate@omnitrax.com or 303.398.0441 to receive a copy prior to submittal of this application

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:**

13. Railroad Name: _____
- Nearest Milepost: _____ DOT No.: _____
- Track Station (from): _____ Track Station (to): _____

Property Address REQUIRED:

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

Geographical Coordinates Required

Latitude: _____ Longitude: _____

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

SECTION 2:

All specifications meet or exceed Railroad's Utility Accommodation Policy **INITIAL HERE:** _____

OR Variance requested – PLEASE DESCRIBE IN DETAIL (attach separate sheet if necessary):

- Temporary track support or rewrapping required? () Yes () No If yes, please describe: _____



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• Wires, poles, obstructions to be relocated? () Yes () No If yes, please describe _____

• Product to be conveyed: _____

• Flammable? () Yes () No Temp _____

• Max. Working Pressure: _____ PSI. Field Test Pressure: _____ PSI.

Type test: _____

• Location of shut-off valve: _____

• **PIPE SPECIFICATIONS:**

	CARRIER PIPE	CASING PIPE
Material	_____	_____
Material Specifications and Grade	_____	_____
Min. Yield Strength of Mat. PSI	_____	_____
Mill Test Pressure PSI	_____	_____
Inside Diameter	_____	_____
Wall Thickness	_____	_____
Outside Diameter	_____	_____
Type of Seam	_____	_____
Laying Lengths	_____	_____
Kind of Joints	_____	_____
Total Length within RR R/O/W	_____	_____

VENTS: # _____ Size _____ Ht. above ground _____

SEALS: Both ends _____ One end _____ BURY: Base of rail to top of casing _____ ft. _____ in.

BURY (Not beneath tracks): _____ ft. _____ in. BURY (Roadway pipe): _____ ft. _____ in.

CATHODIC PROTECTION: () Yes () No

PROTECTIVE COATING: () Yes () No Kind: _____

Type, size, and spacing of insulators or supports: _____

• Method of Installation: _____



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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: _____

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