



APPLICATION PROCESS & INSTRUCTIONS

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

PRIVATE GRADE CROSSING APPLICATION

It is the Railroad's policy that two existing grade crossings must be removed for one new grade crossing installation to be approved. INCOMPLETE applications may result in processing delays. Applications submitted without the required fees will not be processed.

If this application is approved, applicant agrees to reimburse the railroad for any cost incurred by the applicant 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. **A non-refundable fee in the amount of \$3,500 USD (\$4,440 CAD) is due with the application.** In addition, fees will be assessed pursuant to a written crossing agreement.

(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.

Once an executable Private Grade Crossing agreement is submitted to you, the agreement must be fully negotiated and executed within ninety (90) days. Thereafter, the application and materials will be archived and resubmission (including fees) will be required.

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

PLEASE INITIAL HERE INDICATING YOUR UNDERSTANDING OF THIS POLICY: _____

CHECK NUMBER(S): _____

RAIL MADE

EASY



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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:

- | | | |
|--|---|--|
| <input type="checkbox"/> Private Farm Crossing | <input type="checkbox"/> Private Commercial Crossing | <input type="checkbox"/> Contractor's Crossing |
| <input type="checkbox"/> Pedestrian Overpass | <input type="checkbox"/> Pedestrian Underpass | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Existing Crossing | <input type="checkbox"/> New Installation | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Permanent Use | <input type="checkbox"/> Temporary Use for _____ Mos. | <input type="checkbox"/> 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:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Passenger Cars | <input type="checkbox"/> Recreational Vehicles | <input type="checkbox"/> Pickups |
| <input type="checkbox"/> Farm Equipment | <input type="checkbox"/> Heavy Construction Equipment | <input type="checkbox"/> 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 ¼ of NW ¼ 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:

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