



## APPLICATION PROCESS & INSTRUCTIONS

Telephone (303) 398-4588, Fax (866) 351-9503

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

# TRACK LEASE APPLICATION FORM

Return the completed application, engineer stamped plans and any additional paperwork along with a non-refundable fee in the amount of **\$3,500 USD (\$4,440 CAD)**.

*(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.

**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 Track Agreement will be made available for review within **thirty (30) business days**. Please be sure to mark the box above.

Once an executable Track 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): \_\_\_\_\_



**TRACK AGREEMENT APPLICATION**  
Telephone (303) 398-4588, Fax (866) 351-9503

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: \_\_\_\_\_ Track Length (feet): \_\_\_\_\_  
Track No.: \_\_\_\_\_ Nearest Milepost: \_\_\_\_\_  
DOT No.: \_\_\_\_\_  
Track Station (from): \_\_\_\_\_ Track Station (to): \_\_\_\_\_  
**Property address and cross streets (REQUIRED):**  
\_\_\_\_\_  
Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
**Geographical Coordinates Required (in decimal degrees)**  
Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_
14. Use/Commodities (Include STCC and Description): \_\_\_\_\_
15. Other: \_\_\_\_\_



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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**