



APPLICATION PROCESS & INSTRUCTIONS

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

**LEASE ASSIGNMENT
APPLICATION FORM**

IF YOU ARE AN EXISTING TENANT WHO NEEDS TO ASSIGN YOUR AGREEMENT TO A NEW TENANT, USE THIS APPLICATION TO SUBMIT YOUR REQUEST [NOTE: ASSIGNMENT OF ANY AGREEMENT IS AT THE SOLE DISCRETION OF OMNITRAX, INC OR THEIR MANAGED AFFILIATE]. Return the completed application along with a non-refundable fee in the amount of **\$1,000 USD (\$1,268 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 Assignment 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 ASSIGNMENT RAILROAD-OWNED PROPERTY

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

1. Complete Legal Name of Existing Tenant: _____
2. Type of Entity (please mark one): Corporation ☐ LLC ☐ Individual ☐ Municipality ☐
Partnership ☐ General ☐ Limited ☐ Other _____
3. If applicable, state/province of incorporation or organization: _____
4. Federal Tax Identification number (U.S. Leases): _____
5. Mailing Address: _____
6. Overnight Delivery Service Address (if different): _____
7. Contact Person: _____ Title: _____
8. Phone No.: () _____ Fax No.: () _____
9. Email: _____
10. Email Address Where Notices Can be Sent to: _____
11. Complete Legal Name of New Applicant: _____
12. Agreement to be in the name of (if different from above): _____
13. Type of Entity (please mark one): Corporation ☐ LLC ☐ Individual ☐ Municipality ☐
Partnership ☐ General ☐ Limited ☐ Other _____
14. If applicable, state/province of incorporation or organization: _____
15. Federal Tax Identification number (U.S. Leases): _____
16. Mailing Address: _____
17. Overnight Delivery Service Address (if different): _____
18. Contact Person: _____ Title: _____
19. Phone No.: () _____ Fax No.: () _____
20. Email: _____
21. Email Address Where Notices Can be Sent to: _____
22. **Billing Contact Name, Phone Number, and Address Required:**

23. Is track usage needed? ☐ Yes ☐ No (**NOTE:** Land Leases do not include the use of track. A Track Lease Application will be required.)

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

Property Address (REQUIRED):

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) _____

25. 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: _____



LEASE ASSIGNMENT RAILROAD-OWNED PROPERTY

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

18. Will hazardous or petroleum waste be generated? _____ Yes _____ No

If "Yes", please describe: _____

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.

Current Tenant

Date: _____

LIST CHECK NUMBER(S): _____

Signature: _____

Name Printed: _____

Title: _____

Phone No.: _____

Fax No: _____

New Applicant

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