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## ASSIGNMENT APPLICATION FORM

Telephone: (303) 398-4588

Email : [OmniTRAX.Real.Estate@omnitrax.com](mailto:OmniTRAX.Real.Estate@omnitrax.com)

### APPLICATION TERMS AND CONDITIONS:

**TO ASSIGN AN EXISTING AGREEMENT TO A NEW PARTY, COMPLETE THIS FORM ON BEHALF OF THE ASSIGNEE (NEW APPLICANT). USE THIS APPLICATION TO SUBMIT YOUR REQUEST [NOTE: ASSIGNMENT OF ANY AGREEMENT IS AT THE SOLE DISCRETION OF OMNITRAX, INC OR THEIR MANAGED AFFILIATE].**

**STANDARD APPLICATION PROCESS IS 60-90 DAYS DEPENDING UPON THE COMPLEXITY OF THE APPLICATION. REQUEST 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, assuming submission of completed application. Please be sure to mark the RUSH box below for projects requiring expedited review.**

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. In addition, annual fees will be assessed pursuant to a written lease agreement.

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. Some agreements are not assignable and will be required to be terminated and a new agreement issued. Please refer to the terms of your agreement to conclude this information before submitting the assignment application.

PLEASE INITIAL HERE INDICATING YOUR  
UNDERSTANDING OF THIS POLICY : \*

Upon submission of your application you will be provided with an opportunity number, please ensure to reference the opportunity number on the method of

payment to ensure proper allocation. Send payment for the non-refundable fee of **\$1,000 USD (\$1,403.43 CAD)** to:

**OmniTRAX Holdings Combined, Inc.**  
**PO Box 209979**  
**Dallas, TX 75320-9979**

**RUSH**

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

☐

Provide Check Number :

#

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### NEW APPLICANT CERTIFICATE OF INSURANCE

Upon submission of your application, you are required to submit a Certificate of Insurance. In addition, you will be required to obtain a CG 24 17 10 endorsement. Please ensure to name the **Railroad** as the **Certificate Holder** and that all required coverages are evidenced. Please review the templates for [Certificate of Insurance](#) and [CG 24 17 10 Endorsement](#), linked here.

Railroad (Certificate Holder) : \*

Please attach the [Certificate of Insurance](#), including all required coverages and naming the selected Certificate Holder \*

[Choose File](#) No file chosen

[Add another response](#)

**Section 1 - Customer Account Information** (Complete this section on behalf of the newly assigned Agreement Entity and include information as it would be listed in the Agreement) :

#### Account Information

Is this application for a new customer account or an existing customer account? \*

#### Mailing Account Information :

Account Name : \*

Type of Account (please select one):

Please select...



Federal Tax Identification number (U.S. Leases):

Mailing Street : \*

Mailing City : \*

Mailing State : \*

Mailing Zip Code : \*

Account Contact First Name : \*

Account Contact Last Name : \*

Account Contact Title : \*

Account Contact Email : \*

Account Contact Phone : \*

If applicable, State/Province of incorporation or organization :

Email Address Where Notices Can be Sent

to : \*

Overnight Delivery Service Address (if different) :



**Billing Account Information**(Complete this section on behalf of the entity responsible for annual Agreement payments) :

Same as Mailing Account : \* ☐ Yes  
☐ No

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### Section 2 - Application Location Details

Nearest Milepost :

DOT Number :

Track Station (from):

Track Station (to):

Section :

Township :

Range :

Property Address/Street : \*

Property City : \*

Property State or Province : \*

Property County : \*

Property Country : \*

Please select... ▼

**Geographical Coordinates Required (Decimal Degrees DD):**

Property Coordinate (Latitude) :

Property Coordinate (Longitude) :

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

**Section 2 : Assignment Details :**

Agreement Type : \*

Please select... ▼

Existing Agreement Customer (Assignor): \*

**Please provide Existing Tenant/Licensee information below  
(if available) :**

First Name :

Last Name :

Tenant Email :

Tenant Phone :

Existing Agreement Number : \*

Please provide existing agreement : \*

Choose File No file chosen

[Add another response](#)

Do you plan to sublease to another party? (NOTE: If yes,  
Letter of Consent will be required.) \*

Please select ▼

Will there be modifications and or alterations  
to the existing agreement, other than assignment?

\*

Please select ▼

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By submitting this application for credit, you authorize OmniTRAX, Inc. or it's affiliates, 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.

**New Applicant Information**

LIST CHECK NUMBERS :

Applicant Contact First Name : \*

Applicant Contact Last Name : \*

Applicant Contact Email : \*

Applicant Contact Phone : \*

Application Date : \*

Applicant Signature : \*

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**Submit**

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