



CROSSING APPLICATION & INSTRUCTIONS

michailas@amrailroad.com

A completed application, non-refundable fee in the amount of **\$4,750 USD**, and a print or sketch of the proposed lease premises (including dimensions, coordinates, and cardinal directions) are required to begin the lease process. The print or sketch should depict any planned or existing improvements on the requested premises and the distance from the nearest track.

The non-refundable fee of **\$4,750 USD** includes contract preparation and basic engineering review. If your project is complex or involves HAZMAT, additional engineering review fees will be required. Additional fees will also be requested if flagging or a Right of Entry are required for your project.

Make all standard checks payable to:

A&M Railroad
C/O Real Estate
306 East Emma
Springdale, AR 72764

LIST CHECK NUMBER(S): _____

Once an executable lease, license, or other agreement is submitted to you, it must be fully executed within thirty (30) days. Thereafter, the application and materials will be archived, and resubmission (including fees) will be required. All annual rental payments can be submitted to the same name and address shown above.

PLEASE INITIAL HERE INDICATING YOUR UNDERSTANDING OF THIS POLICY: _____



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APPLICANT INFORMATION			
Applicant's Complete Legal Name:			
Applicant's Legal Address:			
City:		State:	Zip Code:
Applicant's Entity Type:	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Municipality <input type="checkbox"/> Individual <input type="checkbox"/> Other (Specify)		
State of Incorporation (if applicable):			
Emergency Contact:		Emergency Phone:	
Current Rail Customer: <input type="checkbox"/> Yes <input type="checkbox"/> No			
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)			
Applicant's Billing Address:			
City:		State:	Zip Code:
APPLICANT CONTACT INFORMATION			
Contact Person:		Title:	
Phone:		Fax:	
Email:			
LOCATION AND USE			
Name of Railroad:		Nearest City:	County: State:
Section:	Township:		Range:
Latitude/Longitude:			
Distance and Direction from Nearest Railroad Milepost:			
US DOT/AAR Crossing Number:			
Type of Crossing: <input type="checkbox"/> New Crossing <input type="checkbox"/> Relocation <input type="checkbox"/> Reconstruction <input type="checkbox"/> Existing Crossing (if applicable, provided agreement number)			
Duration of Crossing: <input type="checkbox"/> Permanent Use <input type="checkbox"/> Temporary Use (list anticipated time frame)			
Use of Crossing:	<input type="checkbox"/> Individual Access <input type="checkbox"/> Commercial Access <input type="checkbox"/> Construction Access <input type="checkbox"/> Farm Access <input type="checkbox"/> Public Use <input type="checkbox"/> Pedestrian Overpass <input type="checkbox"/> Pedestrian Underpass <input type="checkbox"/> Other (Specify)		
Please attach an image from a map program (i.e. Google Earth, Bing Maps, ArcMap, etc.) showing the proposed location.			



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CROSSING DETAILS		
Width of Crossing of Railroad Right of Way:	Length of Crossing on Railroad Right of Way:	Angle at which Crossing will Cross Tracks:
Proposed Material to be used for Crossing:		
Please describe the general purpose of Crossing:		
Number of Property Owners for which the Crossing will serve:		
Anticipated number of daily one way trips over crossing:		
If owner(s) of properties other than the applicant will be served by crossing, please list:		
Vehicle Types which will be using crossing (i.e. passenger car, farm equipment, heavy construction equipment, etc.):		

By submitting this application for credit, you authorize Arkansas and Missouri Railroad, or affiliates, to make any inquiries necessary to determine credit worthiness. You release your banking 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
MAKE SURE TO EMAIL COMPLETED APPLICATION TO [MICHAILAS@AMRAILROAD.COM](mailto:michailas@amrailroad.com)