Credit Application/Policy
[rev 06/01/2006]

TO: Arkansas Southern Railroad (ARS), a Watco Company, (WATCO)

FROM: Applicant (herein below called: the “Customer”)

Customer herein applies for the extension of credit regarding payment for services provided by ARS. Prior to the establishment of credit, any and all moves will be done on a pre-paid cash basis.

Customer agrees to the following Terms and Conditions of this application/policy:

A) That the extension of authorized credit terms is at the discretion of ARS. Failure to comply with the terms and condition found herein may constitute suspension of credit or the requirement of a security deposit, surety bond or other form or insurance.

B) That any account shall be paid in full in accordance with the authorized credit terms extended and no deductions (by way of contra accounts or other off-sets regarding claims against ARS) shall be made unless specific arrangements for postponing receipt of said payment (pending investigation and action by ARS) has been authorized, in writing, by WATCO’s Assistant Vice President of Revenue and Contracts. In the absence of such arrangements (prior to the normal due date, “within credit terms”), the presumption will be that items billed and booked are correct.

C) To be responsible for all freight and sundry items charged to its account in accordance with information reflected on waybills. Any dispute between consignor (shipper) or consignee (receiver) as to payment of these charges is to be settled between them.

D) Cancellation of service and/or cancellation of credit terms (changing Customer to “Cash” basis). ARS may stop the supply of any labor or materials or elect to do business on “Cash” basis only when it, in its sole discretion, determines that Customer is in breach of this Agreement or any other contract with ARS until payment is made and any dispute or insecurity has been resolved.

E) That in all respects, transactions are subject to ARS’s published rates, terms and conditions.

F) That if payment is not made and received in accordance with the documented credit terms, ARS is specifically authorized to pursue all legal collection remedies including the assessment of late payment interest in the amount of 1 1/2% per month (before and after judgment) or the highest permissible lawful rate, on all balances outstanding in excess of 30 days or terms defined in contract with ARS. Any costs incurred in the process of collecting past due indebtedness will be the responsibility of the party owing said amount. Customer expressly agrees to submit to personal jurisdiction in Kansas and agrees that the forum for any litigation pursuant to this Agreement or any other contract between ARS and Customer, whether ARS or Customer brings suit, shall be the County of Crawford, Kansas. This Agreement shall be governed by and construed in accordance with the laws of Kansas.

G) That payment will be received in accordance with Customer’s authorized credit terms even if Customer uses a third party payables operation. No relief or additional days will be granted to Customer that out sources its accounts payable. Any and all issues arising will be resolved between Customer and its Accounts Payable agent.
H) To furnish ARS with copies of financial reports (i.e., balance sheet and statement of profit and loss) not less than once a year. [Note: It is understood that said financial reports will be held strictly in confidence with only authorized personnel having access to such.]

I) That ARS is entitled to obtain information from any legitimate source in support of this application.

J) That Customer agrees to pay all amounts due under this Agreement until ARS has received written notice closing this account, mailed U.S. Mail Certified Return Receipt Requested, no matter what person or entity ordered or used the labor and material supplied on this account and regardless of any change in the legal structure of Customer or the existence of entities or individuals legally distinct from Customer using or benefiting from the labor and materials supplied. In the event other entities or individuals order or use the labor or materials pursuant to this Agreement, it is agreed that both the customer and such other legal entities or individuals shall be obligated for all amounts due under this Agreement. Applicant agrees to reimburse ARS for any legal sales or use tax liability paid by ARS on applicant's transaction(s).

K) That Customer will provide remittance detail to ARS when sending payment. Due to security reasons, ARS is not able to retrieve remittance detail from websites.

L) That any changes modifications or alterations to this application for credit is not permitted and shall constitute an automatic rejection at this time. Customer acknowledges that it will be required to reapply for credit.

M) That the ARS will be paid using Electronic Funds Transfer/Automated Clearing House (EFT/ACH) in conjunction with an accompanying Corporate Trade Exchange (CTX) file (Electronic Remittance Advice), unless otherwise agreed. Please contact Lois Ziesenis, Credit and Collections at (620) 235-7350, prior to remitting payment electronically.

ARS POLICY PROHIBITS THE CONSIDERATION OF INCOMPLETE CREDIT APPLICATIONS. CREDIT APPLICATIONS THAT ARE INCOMPLETE WILL BE RETURNED TO APPLICANT. FAILURE TO COMPLETE ALL INFORMATION REQUESTED WILL RESULT IN THE AUTOMATIC REJECTION OF THIS CREDIT APPLICATION.

*PLEASE ALLOW 7 – 10 BUSINESS DAYS FOR PROCESSING* 

It is hereby warranted the policy above [rendered on page #1] has been read and understood and that application information provided is correct. Furthermore, I represent that the applicant herein indicated has the financial ability and willingness to pay all invoices within established terms.

Dated this __________________ day of ___________________________________________ 20____

Signed: __________________________________________________________________________________________

Name Typed or Printed: ___________________________________________________________________________

Title: _____________________________________________________________________________________________

Company: ________________________________________________________________________________________
Credit Application/Information
(Please type or print with block letters; application must be complete and accurate)

MAIL INVOICE ADDRESS

Full Business Name:
______________________________________________________________________________________

Corporation ☐ Partnership ☐ Proprietorship ☐ LLC ☐ Other ________________________________

State of Incorporation: ____________________________________________ Year: __________________

Commodity/Commodities to be shipped: _____________________________________________________

Dollar Amount of Credit Requested: $ _______________________________ /MONTH

Street Address: ________________________________ P.O. Box: ______________________________

City: __________________________ State: __________ Zip: __________

Telephone: __________________ Fax: __________________ Email: __________________

Type of Business: ____________________________ Number of Years in Business: ___

Person to Contact Regarding Invoices: _______________________________________________________

Telephone: __________________ Fax: __________________ Email: __________________

Federal ID#: __________________ Sales Tax Exempt #: ___________________ (Please attach copy of form)

SIC#: _________________________ Dun & Bradstreet DUNS Number ____________________________

HEADQUARTERS ADDRESS

Parent Company: ____________________________________________________________

Street Address: ________________________________ P.O. Box: ______________________________

City: __________________________ State/Province: __________ Zip: __________

Telephone: __________________ Fax: __________________

Website: __________________ Email: __________________

Federal ID#: __________________ Sales Tax Exempt #: ___________________ (Please attach copy of form)
**Information on Principals** defined as:

For Proprietorship or Partnership: List all Owners and/or Partners.

For Corporation or Limited Liability Company: List all Officers, Directors, Members and Majority Stockholders.

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Have any of the companies or individuals listed above ever been a debtor in a bankruptcy proceeding? ______________

Name of Predecessor/Reorganized Businesses____________________________________________________________

Are there legal actions or arbitrations pending against any of the companies or principals listed above? ______________

**BANK REFERENCES** (Attach separate schedule if necessary)

*Primary Bank:*

Name: ________________________________ City: ________________________________

Address: __________________________________________________________________________________________

Contact Name: ________________________________ Title: ________________________________

Telephone: (______) ________________________________ Fax: (______) ______________________________

Email: __________________________________________________________________________________________

Account #: ___________________________________________________

*Other Bank:*

Name: ________________________________ City: ________________________________

Address: __________________________________________________________________________________________

Contact Name: ________________________________ Title: ________________________________

Telephone: (______) ________________________________ Fax: (______) ______________________________

Email: __________________________________________________________________________________________

Account #: ___________________________________________________
Trade References

Name of FIRST Reference: _____________________________________  Contact Name: ________________________

Address: __________________________________________________________________________________________

Telephone: (_______) ________________________________ Fax: (_______) ______________________________

Email: ____________________________________________________________________________________________

Account #: ___________________________________________________

Name of SECOND Reference: _____________________________________ Contact Name: ________________________

Address: __________________________________________________________________________________________

Telephone: (_______) ________________________________ Fax: (_______) ______________________________

Email: ____________________________________________________________________________________________

Account #: ___________________________________________________

Name of THIRD Reference: _____________________________________ Contact Name: ________________________

Address: __________________________________________________________________________________________

Telephone: (_______) ________________________________ Fax: (_______) ______________________________

Email: ____________________________________________________________________________________________

Account #: ___________________________________________________

Please attach separate financial statement of assets and liabilities balance sheet and statement of profit and loss.

CREDIT APPLICATION NOT ACCEPTED WITHOUT APPROVAL OF ARS’s CREDIT DEPARTMENT

The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age; because all or part of the applicant’s income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington D.C. 20580.