



**Cedar American
Rail Holdings, Inc.**



CREDIT APPLICATION AGREEMENT

In the event ICE/DME approves the undersigned for credit, the customer undertakes and agrees to conform to the credit terms outlined herein and the conditions regarding the payment of transportation and all other related charges.

CREDIT TERMS

- All accounts invoiced by ICE or DME are to be paid within 15 DAYS from invoice date. You will be held to these terms regardless of the use of 3rd party payment processors and / or the process of paying on receipt of shipments. **IF YOU CANNOT COMPLY TO THESE TERMS, PLEASE DO NOT APPLY.**
- Failure to settle accounts as required will be considered sufficient cause for immediate cancellation of credit.
- Payment of freight or miscellaneous charges must not, under any circumstances, be reduced or withheld because of claims against the carrier. Each is to be settled on its own merit and offsetting any other claims against accounts shall be considered sufficient cause for cancellation of credit.
- All necessary collection, legal (including attorney's fees and costs) and late payment costs will be charged to the account in the event of default or failure to pay for services rendered.

CREDITOR YOU ARE APPLYING WITH: *(Circle One)* **ICE or DME**

CREDIT LINE REQUIRED PER 15 DAY PERIOD \$

COMPANY NAME AND HEADQUARTERS INFORMATION

Name of Company Requesting Credit	Phone:
Company Mailing Address	Fax:
Address Invoices Should Be Sent To: (if different from above)	Website:

PAYABLES DEPT INFORMATION (Who do we call regarding nonpayment, short pays, etc?)

Contact Name :	Phone:
Title:	Fax:
	Email:

IN ORDER FOR US TO QUICKLY PROCESS YOUR REQUEST, PLEASE MAKE SURE YOU PRINT CLEARLY AND LEGIBLY.

FULL NAMES OF OWNERS, PARTNERS (Directors & Officers if Corporation)

Name & Title	Contact Information
Name & Title	Contact Information

OTHER COMPANY INFORMATION

Briefly Describe Type or Nature of Business:	
Date Business Started:	Number of Employees:
Primary Commodities to be Shipped:	Estimated Number of Car Loads per Month:

FORM OF BUSINESS (CHECK APPROPRIATE BOX)

Proprietorship Partnership Corporation Other _____

DUNS NUMBER

TAX PAYER ID NUMBER

BANK REFERENCE INFORMATION: Please provide information on all banking relationships. If additional space is required, please attach a separate sheet.

PRIMARY BANKING INSTITUTION

Bank Name & Complete Address	Phone:
Bank Contact & Title	Fax:
Other Information	Account Number:

IS YOUR COMPANY CURRENTLY WORKING WITH OUR MARKETING DEPARTMENT? IF SO, PLEASE PROVIDE THE NAME OF THE MARKETING MANAGER BELOW.

TRADE REFERENCES (REQUIRED)

IN ORDER FOR US TO QUICKLY PROCESS YOUR REQUEST, PLEASE MAKE SURE YOU PRINT CLEARLY AND LEGIBLY.

IN ORDER TO OBTAIN CREDIT WITH OUR COMPANY, WE MUST RECEIVE THREE POSITIVE REFERENCES IN RESPONSE TO OUR CREDIT REFERENCE REQUESTS. PLEASE LIST AS MANY REFERENCES AS YOU WISH TO BE CONTACTED. ATTACH ADDITIONAL SHEET(S) AS REQUIRED. FAX AND / OR EMAIL ADDRESSES ARE REQUIRED FOR EACH REFERENCE! PLEASE DO NOT USE OTHER RAILROADS AS REFERENCES; THEY WILL NOT BE CONTACTED REGARDING YOUR CREDIT.

Trade Reference Name	Address	Phone:	<input type="text"/> - <input type="text"/> <input type="text"/>
Contact Person:	Nature of Business:	Fax:	<input type="text"/> - <input type="text"/> <input type="text"/>
		Email:	

Trade Reference Name	Address	Phone:	<input type="text"/> - <input type="text"/> <input type="text"/>
Contact Person:	Nature of Business:	Fax:	<input type="text"/> - <input type="text"/> <input type="text"/>
		Email:	

Trade Reference Name	Address	Phone:	<input type="text"/> - <input type="text"/> <input type="text"/>
Contact Person:	Nature of Business:	Fax:	<input type="text"/> - <input type="text"/> <input type="text"/>
		Email:	

Trade Reference Name	Address	Phone:	<input type="text"/> - <input type="text"/> <input type="text"/>
Contact Person:	Nature of Business:	Fax:	<input type="text"/> - <input type="text"/> <input type="text"/>
		Email:	

Trade Reference Name	Address	Phone:	<input type="text"/> - <input type="text"/> <input type="text"/>
Contact Person:	Nature of Business:	Fax:	<input type="text"/> - <input type="text"/> <input type="text"/>
		Email:	

A complete application for credit must be received AND approved prior to shipments being accepted

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on our railroad. Financial Statements for the past two years may be required to support the credit line requested. Further, should credit be granted, customer agrees to provide such credit and financial information as ICE/DME may reasonably request from time to time to update Cedar American Rail Holding's credit files.

I hereby represent that I am authorized to submit the application on behalf of the customer named above, and that the information provided for the purpose of obtaining credit is warranted to be true. I hereby authorize Cedar American Rail Holdings to investigate the references listed pertaining to customer's credit and financial responsibility. I further represent that the customer applying for the credit has the financial ability and willingness to pay for all invoices within established terms.

Thank you for choosing ICE & DME as your transportation provider. Contact us at (605) 782-1333 should you have any questions about the credit application form or process.



Signature Authorized Signing Officer
(Must be an Officer of Business/Company)

Title

Date

Signature Name (Please Type or Print)

Name of Person Completing Application

Phone Number

**Please Return To: Cedar American Rail Holdings
Attn: Melissa Hollingshead
140 North Phillips Avenue
Sioux Falls, SD 57101
Phone: (605)-782-1333
Fax: (605)-782-1342
Email: mhollingshead@cedaramerican.com**

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PRINT CLEARLY AND LEGIBLY.***