

FORWARD COMPLETED FORM TO:  
Your Sales Representative or Fax to the  
Credit Dept. at (402) 501 - 0030

# UNION PACIFIC RAILROAD CREDIT APPLICATION



CREDIT REQUIRED FOR 30 DAY PERIOD \$ \_\_\_\_\_ REQUEST FOR  FREIGHT  
 TRAILER INTERCHANGE  
 SALVAGE AGENT  
 OTHER (Specify) \_\_\_\_\_  
APPLICANT FIRM NAME \_\_\_\_\_  
COMPLETE ADDRESS \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Street City State Zip Phone Fax  
BUSINESS DESCRIPTION \_\_\_\_\_ DATE OF OWNERSHIP/CONTROL \_\_\_\_\_  
Constr.; Mfg.; Third Party Agent; Broker; Forwarder; Drayman; etc. (Mo/Yr)  
ACCOUNTS PAYABLE CONTACT \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone Fax Email  
IF COMPANY IS LISTED WITH DUN & BRADSTREET, INSERT DUNS NUMBER \_\_\_\_\_

**COMPLETE THIS SECTION IF APPLICANT IS A CORPORATION:**

INCORPORATED IN THE STATE OF \_\_\_\_\_ IS APPLICANT A SUBSIDIARY:  NO  YES IF YES, COMPLETE SUBSIDIARY SECTION  
HAS BUSINESS EVER DECLARED BANKRUPTCY:  NO  YES IF YES, DATE FILED \_\_\_\_\_  
(Mo/Yr)  
EXECUTIVE OFFICER \_\_\_\_\_ FINANCIAL OFFICER \_\_\_\_\_

**COMPLETE THIS SECTION IF APPLICANT IS A SUBSIDIARY:**

PARENT NAME \_\_\_\_\_ DATE OF OWNERSHIP/CONTROL \_\_\_\_\_  
(Mo/Yr)  
COMPLETE ADDRESS \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
Street City State Zip  
BUSINESS DESCRIPTION \_\_\_\_\_ FAX ( ) \_\_\_\_\_

**COMPLETE THIS SECTION IF APPLICANT IS A PROPRIETORSHIP, PARTNERSHIP OR ASSOCIATION:**

OWNER, GENERAL PARTNER OR GUARANTOR \_\_\_\_\_ % OWNED \_\_\_\_\_  
RESIDENCE ADDRESS \_\_\_\_\_ HOW LONG AT THIS ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip) (Years)  
HAS OWNER, GENERAL PARTNER OR GUARANTOR EVER DECLARED BANKRUPTCY:  NO  YES IF YES, DATE FILED \_\_\_\_\_  
(Mo/Yr)

In order to assist us in properly evaluating your application, we require a review of your latest year end Financial Statements. Please attach the following statements:

- 1. Balance Sheet 2. Income or Profit/Loss Statement 3. Cash Flow Statement

If formal financial statements are not available, please complete the form provided.

## ALL FINANCIAL STATEMENTS ARE STRICTLY CONFIDENTIAL

If credit is approved, it is agreed that payments will be made within 15 days from presentation of the freight bill in accordance with Uniform Freight Classification 6000 as in effect from time to time, or in accordance with written agreements covering the movement.

\_\_\_\_\_  
Officer's Name & Title (Please print or type) Officer's Signature Date

**FOR UNION PACIFIC USE ONLY**  
**RESPONSIBLE MARKETING/SALES REP:**  
\_\_\_\_\_  
Name Phone  
 APPROVED  DISAPPROVED  
Date Reviewed By \_\_\_\_\_  
Credit Auth. No. \_\_\_\_\_ Credit Limit \_\_\_\_\_

INDIVIDUAL RESPONSIBLE FOR THE COMPLETION OF THIS APPLICATION:  
\_\_\_\_\_  
Name Phone  
\_\_\_\_\_  
Email Fax

FIRM NAME \_\_\_\_\_

**BALANCE SHEET**  
(Rounded Actual \$)

ASSETS	CURRENT PERIOD	PRIOR PERIOD	LIABILITIES	CURRENT PERIOD	PRIOR PERIOD
	(Mo/Yr)	(Mo/Yr)		(Mo/Yr)	(Mo/Yr)
<b>CURRENT ASSETS</b>			<b>CURRENT LIABILITIES</b>		
Cash	\$ _____	\$ _____	Accounts Payable	\$ _____	\$ _____
Accounts Receivable	_____	_____	Accrued Liabilities	_____	_____
Inventory	_____	_____	Long Term Debt (Due Within 1 Yr)	_____	_____
Other Current Assets	_____	_____	Other Current Liabilities	_____	_____
<b>Total Current Assets</b>	_____	_____	<b>Total Current Liabilities</b>	_____	_____
Land, Buildings, Furniture, Fixtures (Net of Depreciation)	_____	_____	Long Term Debt (Due After 1 Yr)	_____	_____
Equipment & Machinery (Net of Depreciation)	_____	_____	Deferred Taxes	_____	_____
Other Assets	_____	_____	Other Liabilities	_____	_____
<b>Total non-current assets</b>	_____	_____	<b>Total long term liabilities</b>	_____	_____
			<b>TOTAL LIABILITIES</b>	_____	_____
			<b>EQUITY</b>		
			Common Stock	_____	_____
			Additional Paid in Capital	_____	_____
			Retained Earnings	_____	_____
			<b>TOTAL EQUITY</b>	_____	_____
<b>TOTAL ASSETS</b>	\$ _____	\$ _____	<b>TOTAL LIABILITIES &amp; EQUITY</b>	\$ _____	\$ _____

**NOTE: TOTAL LIABILITIES AND EQUITY MUST EQUAL TOTAL ASSETS**

**INCOME STATEMENT**  
(Rounded Actual \$)

	CURRENT PERIOD	PRIOR PERIOD
	(Year)	(Year)
Revenue/Sales	\$ _____	\$ _____
Less Depreciation	_____	_____
Less Other Operating Expense	_____	_____
Operating Income	_____	_____
Plus Other Income	_____	_____
Less Other Expense	_____	_____
Income Before Income Tax	_____	_____
Less Income Tax:		
Current	_____	_____
Deferred	_____	_____
<b>Net Income</b>	\$ _____	\$ _____

*The undersigned represents that the above financial statements are true and correct and are intended for use in determining credit extension.*

Signed By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_