



# Central Railroad of Indiana

A RailAmerica Company



## Freight Tariff CIND 4500-D (CANCELS FT CIND 4500 C)

Naming Freight Rates  
Applying On  
Dried Distillers Grains  
Distillers Mash, Spent (20-859-40)  
Spent Grain Mash, Feed (20-859-45)

These charges will be applied to the shipper or consignee at the station below to be collected solely by the CIND.

Origin	Destination	Route	RR	Private
Lawrenceburg, IN	Cincinnati, OH	CIND Direct (When for beyond)	\$800 pc	\$700 pc

RR means railroad controlled covered hopper cars  
Private means private zero mileage covered hopper cars  
Reverse application of rates apply only on rejected loads returning to point of origin.

All provisions of FT CIND 8000 series, FT CIND 9002 series and FT CIND 6001 series apply

THIS TARIFF APPLIES ON INTERSTATE TRAFFIC AND INTRASTATE TRAFFIC IN THE STATE OF OHIO AND INDIANA

NOTICE  
THE PROVISIONS HEREIN WILL, IF EFFECTIVE, NOT HAVE A NEGATIVE IMPACT ON THE QUALITY OF THE HUMAN ENVIRONMENT OR ENERGY CONSUMPTION

FOR GOVERNING CLASSIFICATIONS, SEE ITEM 5

ISSUED: NOVEMBER 08, 2007

EFFECTIVE: DECEMBER 1, 2007

ISSUED BY:  
CENTRAL RAILROAD OF INDIANA  
497 CIRCLE FREEWAY DRIVE, SUITE 230  
CINCINNATI, OH 45246

# Central Railroad of Indiana

497 Circle Freeway Drive • Suite 230 • Cincinnati, OH • 45246 • 561-226-6809 • Fax 561-241-5397 •

Email Address: [astephens@railamerica.com](mailto:astephens@railamerica.com)

## Application for Credit

Line of Credit Requested \$ \_\_\_\_\_ Present Balance \$ \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
(Area code & number)

D/B/A \_\_\_\_\_ For Past \_\_\_\_\_ Years

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Former Business Address (If Applicable) \_\_\_\_\_

Federal Tax I D Number \_\_\_\_\_

**OWNERSHIP:**  Sole Owner  Partnership  Corporation

Date Started/Incorporation Date \_\_\_\_\_ Have you ever operated under a different name? Yes \_\_\_ No \_\_\_

If yes, give name and address \_\_\_\_\_

### TRADE REFERENCES: (Minimum of 3)

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Acct. No. \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Acct. No. \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Acct. No. \_\_\_\_\_

**BANK REFERENCE:**  Checking  Savings  Loan

Name \_\_\_\_\_ Dept. \_\_\_\_\_ Acct. No. \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Business: \_\_\_\_\_

Tax Exemption #: \_\_\_\_\_ State Issued: \_\_\_\_\_

**ADDITIONAL INFORMATION TO BE  
COMPLETED ON NEXT PAGE**



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**Our terms are NET 15 Days from date of invoice. Applicant's signature attests financial responsibility, ability, and willingness to pay our invoices in accordance to terms. A service charge of 1 ½% per month, which is an annual rate if 18%, will accrue 30 days after invoice date.**

**I authorize you to contact references and to obtain information from outside resources that may be needed to obtain credit.**

**The application has been carefully prepared by the undersigned and is to my knowledge complete, accurate, and truthful.**

**IF MY ACCOUNT IS ACCEPTED, I AGREE TO PAY ACCORDING TO YOUR TERMS OF SALE. I FURTHER AGREE TO PAY ALL COLLECTION COSTS AND EXPENSES, INCLUDING REASONABLE ATTORNEY'S FEES INCURRED BY YOU IN COLLECTING OR ATTEMPTING TO COLLECT SUCH ACCOUNT.**

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

## INDIVIDUAL PERSONAL GUARANTEE

Date \_\_\_\_\_

I, \_\_\_\_\_, residing at \_\_\_\_\_

For and in consideration of your extending credit at my request to \_\_\_\_\_  
(Name of Company)

(herein referred to as the "Company"), of which I am \_\_\_\_\_, hereby personally guarantee to you the  
(Title)

payment at \_\_\_\_\_ in the State of \_\_\_\_\_ of any obligation of the Company and hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I do waive notice of default, non-payment, and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

WITNESS \_\_\_\_\_ GUARANTOR \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature) (Signature)

ADDRESS \_\_\_\_\_

## JOINT PERSONAL GUARANTEE

Date \_\_\_\_\_

We, \_\_\_\_\_ and \_\_\_\_\_ his/her \_\_\_\_\_ residing at \_\_\_\_\_

\_\_\_\_\_, for and in consideration of your extending credit at my request to \_\_\_\_\_

(Name of Company) (herein after referred to as the "Company"), of which \_\_\_\_\_  
(Name)

is \_\_\_\_\_, hereby personally guarantee to you the payment at \_\_\_\_\_  
(Title)

in the State of \_\_\_\_\_ of any obligation of the Company and we hereby agree to bind ourselves to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. We do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

WITNESS \_\_\_\_\_ GUARANTOR \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature) (Signature)

WITNESS \_\_\_\_\_ GUARANTOR \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature) (Signature)



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