

**READING BLUE MOUNTAIN AND NORTHERN RAILROAD COMPANY**  
**P.O. Box 218 Port Clinton, PA 19549**  
**Telephone 610-562-2100 Fax 610-562-1921 Coal Fax 610-562-0596**  
**RETURN COMPLETED FORM VIA FAX**

**POTENTIAL CUSTOMER QUESTIONNAIRE**

This form is designed to help us get a rate for you as soon as possible. In order for us to do this, we need you to fill out this Questionnaire **COMPLETELY**. If it is not filled out completely we cannot possibly get you a rate. All information is necessary to get a competitive rate. If you have any question, or do not have all the needed information, please contact us. Thank you for giving us the opportunity to help you with your transportation needs.

Date: \_\_\_\_\_

Shipper Contact: \_\_\_\_\_

Shipper: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Origin Station: \_\_\_\_\_

Origin Phone: (\_\_\_\_) \_\_\_\_\_

Origin Contact: \_\_\_\_\_

Origin Railroad: \_\_\_\_\_

Receiver: \_\_\_\_\_

Receiver Contact: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Destination Station: \_\_\_\_\_

Destination Railroad: \_\_\_\_\_

Commodity: \_\_\_\_\_

STCC No.: \_\_\_\_\_

Type of Car: \_\_\_\_\_

Weight Requirements: \_\_\_\_\_

Approximate number of cars per year: \_\_\_\_\_

Shipments would begin: \_\_\_\_\_

Truck rate (optional): \_\_\_\_\_

Rate needed to compete: \_\_\_\_\_

Routing: \_\_\_\_\_

Prepaid or Collect (circle one)

Inbound or Outbound (circle one)

Special Requirements: \_\_\_\_\_

Does car need to be weighed? YES NO (circle one)

Do you have a rail siding or spur? YES NO (circle one) If No; where do you plan to access rail cars? \_\_\_\_\_

Person completing form: \_\_\_\_\_

Your Company: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

**RAILROAD OFFICE USE ONLY:**

Information received by: \_\_\_\_\_ Date: \_\_\_\_\_

Information handed off to: \_\_\_\_\_ Date: \_\_\_\_\_

NS contact: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**RATE INFORMATION:**

RBMN Division: \_\_\_\_\_

RR # 2 \_\_\_\_\_

RR # 1 \_\_\_\_\_

Per car division \_\_\_\_\_

Weight \_\_\_\_\_

Weight \_\_\_\_\_

RATE: \_\_\_\_\_

RATE: \_\_\_\_\_

TOTAL THRU RATE \$ \_\_\_\_\_

Sign off: \_\_\_\_\_

Date: \_\_\_\_\_

NOTES: