



CSX Transportation, Inc.
ATTN: Contract Management
500 Water Street, J-180
Jacksonville, FL 32202

Print Form

Reset Form

ASSIGNMENT / NAME CHANGE APPLICATION

* REQUIRED FIELDS

* Application Type: Assignment ☐ Name Change ☐

* Application Date: _____

* Priority Handling (Assignment only 7 days or less): ☐ Yes ☐ No

* Effective Date of Assignment:
(Sale or Occupancy) _____

Total Included: _____

SECTION 1: CURRENT CONTRACT HOLDER (Assignment) or Previous Legal Name (Name Change)

* Legal Company Name:			
* Address (1):		* Corporate Structure	
Address (2):		<input type="checkbox"/> Corporation	<input type="checkbox"/> Municipality
* City/County:		<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> General Partnership
* State/Zip:		<input type="checkbox"/> Other:	
* Contact Name:		* Assignment Reason:	
Contact Title:		* State of Incorporation:	
* Contact Phone:		Cell Phone:	
* Contact Email:		Fax No.:	

SECTION 2: PROPOSED CONTRACT HOLDER (Assignment) or New Legal Name (Name Change)

* Legal Company Name:			
* Address (1):		* Corporate Structure	
* Address (2):		<input type="checkbox"/> Corporation	<input type="checkbox"/> Municipality
* City/County:		<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> General Partnership
* State/Zip:		<input type="checkbox"/> Other:	
* Contact Name:		* Assignment Reason:	
Contact Title:		* State of Incorporation:	
* Contact Phone:		Cell Phone:	
* Contact Email:		Fax No.:	

* OVERNIGHT ADDRESS (No P.O. Box Numbers)

☐ Same as Correspondence Address

☐ Same as Billing Address

Address (1):			
Address (2):			
City/State/Zip:			

* BILLING ADDRESS

☐ Same as Correspondence Address

☐ Same as Overnight Address

Company Name:			
Address (1):			
Address (2):			
City/State/Zip:			

SECTION 3: REQUESTOR INFORMATION☐ Same as Contact Information in Section 1☐ Same as Contact Information in Section 2

* Requestor Name:	
* Requestor Phone:	
* Requestor Email:	
* Emergency Phone:	

*** SECTION 4: CONTRACT(S) AFFECTED****** Please supply an attachment with contracts if more than five (5) contracts.****

Contract Type	CSXT Contract Number	Contract Date	Location (City/State)	* New Customer's Proposed Use In Detail

Assign all active contracts (please provide an attached list)

☐ No☐ Yes

If contract type is "Track," is another industry using the track?

☐ No☐ Yes (provide company information)

Company Name:			
Address:			
Contact Name:		Phone:	
Comments:			

** Please attach state documents (Articles of Merger or Name Change - REQUIRED FOR NAME CHANGES)**** Provide additional information if necessary*