

Date:



Deal #:

Stock #:

Last 6 of VIN #:

Buyer:

Name: _____ Company Name: _____

CDL History: _____ Owner Operator History: _____ Citizenship: _____

Fleet Size: _____ Trucks: _____ Trailers: _____ CDL State: _____

- ☐ 2 Years Tax Returns (Business)
- ☐ 2 Years Tax Returns (Personal)
- ☐ 3 Months Most Recent Bank Statements (Business)
- ☐ 3 Months Most Recent Bank Statements (Personal)
- ☐ CDL Front and Back Color Copy
- ☐ SSN Front and Back Color Copy
- ☐ WP if applicable
- ☐ Bill of Sale
- ☐ Void Check
- ☐ COI (Can't expire in 30 days or less)
- ☐ Made Deposit

Seller:

Name: _____ Company Name: _____

Phone Number: _____ Email: _____

Lien holder: _____ Pay Off: _____ Good Till: _____

- ☐ Copy of Title
- ☐ POA Signed
- ☐ Void Check
- ☐ Asset Address
- ☐ Lien Holder info if applicable

Closing:

- ☐ Buyer Made Down Payment
- ☐ GPS
- ☐ Inspection
- ☐ Signed Docs
- ☐ Funded



Buy | Sell | Rent | Finance | Trade

SELL MY RIG

3449 W Franklin Ave
Fresno, CA 93706
209 888 0722

Used Vehicle Purchase Agreement

Date: _____

Salesperson: _____

Invoice #: _____

Seller:

Buyer:

Stock #:

Price: _____

Year:

OSD: _____

Make:

Unit Price: _____

Model:

SUB TOTAL: _____

VIN #:

Doc Fee: _____

Mileage:

Admin Fee: _____

DMV Fee: _____

This is a private party sale consigned by SellMyRig.

License & Registration: _____

Total Vehicle Sale Price: _____

Deposit On Order: _____

NET TOTAL: _____

LIENHOLDER

Used Vehicle Purchase Agreement

SELL MY RIG, LLC (the "COMPANY") SELLS THIS VEHICLE ON AN "AS IS WHERE IS" BASIS AND MAKES NO WARRANTIES AS TO SAID VEHICLE'S, EXPRESS, IMPLIED, OR IMPLIED BY LAW, AND COMPANY EXPRESSLY DISCLAIMS THE IMPLIED WARRANTY OF MERCHANTABILITY AND THE IMPLIED WARRANTY OF FITNESS FOR A PARTICULAR PURPOSE.

Seller Name _____ Buyer Name _____

Date: _____ Date: _____

Seller Address

Buyer Address

Signature

Signature



3449 W Franklin Ave
 Fresno, CA 93707
 209 888 0722
info@sellmyrig.com

Equipment Specification Sheet

VIN	
MAKE	
MODEL	
YEAR	
MILEAGE/HRS	
ENGINE	
ENG SERIAL	
FUEL / TANKS - GAL	
TRANSMISSION	
SUSPENSION (AIR RIDE)	
TIRE SIZE	
WHEELS (ALUMINUM/STEEL)	
SLEEPER	
DUAL BUNK (YES/NO)	
INTERIOR COLOR	
EXTERIOR COLOR	
EXTERIOR OPTS	
DRIVE OPTS	POWER STEERING (Y/N) CRUISE CONTROL(Y/N) COLLISION MITIGATION(Y/N)



A Public Service Agency

POWER OF ATTORNEY

VEHICLE/VESSEL DESCRIPTION

IDENTIFICATION NUMBER	YEAR MODEL	MAKE	LICENSE PLATE/CF #	MOTORCYCLE ENGINE #

PRINT NAME

PRINT NAME

Appoint:

Slate Financial

PRINT NAME

as my attorney in fact, to complete all necessary documents, as needed, to transfer ownership as required by law.

ALL SIGNATURES MUST BE IN INK

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE REQUIRED BY PERSON APPOINTING POWER OF ATTORNEY	CITY	STATE	ZIP CODE	DATE	DL, ID, OR DEALER #
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SLATE FINANCIAL

TRUCK AND TRAILER FINANCING

DIRECT: (559)708-0302

3449 W Franklin Ave

Fresno, CA 93706

COMMERCIAL CREDIT APPLICATION

BUSINESS TYPE (Check One): <input type="checkbox"/> CORPORATION / <input type="checkbox"/> PARTNERSHIP / <input type="checkbox"/> SOLE PROPRIETOR																			
B U S I N E S S	EXACT LEGAL NAME OF BUSINESS or FULL LEGAL NAME of PURCHASER										TELEPHONE #								
	ADDRESS (STREET)					CITY		COUNTY		STATE		ZIP CODE		BUS. FAX #					
	NATURE OF BUSINESS								AGE OF BUSINESS		CELLULAR #								
	• Email Address:						STATE OF INCORPORATION				FEDERAL TAX ID #								
	CURRENT FLEET SIZE:			# Trucks						# Trailers									
O W N E R S H I P	• PRINCIPAL'S NAME					TITLE		% OWNERSHIP		PHONE #		BIRTHDAY		SOCIAL SECURITY #					
	• HOME ADDRESS (STREET)					CITY		STATE		ZIP		TIME IN AREA		OWN OR RENT		DRIVER'S LIC # & STATE			
	2nd PRINCIPAL'S NAME					TITLE		% OWNERSHIP		PHONE #		BIRTHDAY		SOCIAL SECURITY #					
	HOME ADDRESS (STREET)					CITY		STATE		ZIP		OWN OR RENT		DRIVER'S LICENSE # & STATE					
B A N K	• Name of Bank:					CHECKING ACCT #					Branch Location:								
	Previous Commercial Loan Reference:					Branch:					Loan #					LOAN/LEASE CONTACT NAME & PHONE #			
O W N / O P	• YEARS OF COMMERCIAL DRIVING EXPERIENCE ?										• YEARS OF OWNER/OPERATOR EXPERIENCE ?								
	• CURRENT HAUL REFERENCE:					Years in Business					Phone number:								
E Q U I P	VENDOR / SELLER: .										Run Time (hours/miles)								
	EQUIPMENT DESCRIPTION / SPECS																		
	COST OF EQUIPMENT					FINANCE TERM REQUESTED					DOWN PAYMENT OFFERED								
<p>You understand that by clicking the I AGREE box, you are providing 'written instructions' to Slate Financial LLC under the Fair Credit Reporting Act, authorizing Slate Financial LLC to obtain information from your personal credit profile or other information from both Equifax and TransUnion. You authorize Slate Financial LLC to obtain such information solely to conduct a pre-qualification for credit.</p> <p>CONSENT TO USE AND RELEASE PERSONAL INFORMATION: YOU CONSENT TO PROVIDE SLATE FINANCIAL, LLC. AUTHORIZATION TO USE AND RELEASE PERSONAL INFORMATION FOR THE USE OF COMMERCIAL LOAN APPROVALS.</p> <p>THE PURCHASER (IF DIFFERENT) FOR ALL PURPOSES RELATED TO THE PERFORMANCE OF ANY CONTRACT, COOPERATION WITH LAW ENFORCEMENT AUTHORITIES, AS REQUIRED BY LAW AND FOR MARKETING PURPOSES. I UNDERSTAND THAT BY CHECKING THE BOX BELOW, I CAN CAN OPT OUT OF HAVING MY NAME RELEASED TO OTHERS FOR MARKETING PURPOSES.</p> <p><input checked="" type="checkbox"/> I AGREE</p> <p><input type="checkbox"/> I do not want my information released for marketing purposes</p> <p>• Signature/Title: _____ Date: _____</p>																			

CONTACT AND PERSONAL INFORMATION

Name: _____ SS# or ITIN: _____ Date of Birth: _____ Cell*: _____
 Home Address: _____ City: _____ Zip Code: _____
 Email Address: _____

LOAN APPLICATION CERTIFICATION

Please review the below disclosures and certifications; upon review, please check the applicable box(es) to indicate your consent where applicable and sign the form at the bottom.

☐ **I am a business owner personally liable for this business debt, and I am authorized to enter into contracts that bind the business to debt obligations. I have secured or applied for all applicable licenses or permits needed to conduct the named business.**

Credit Pull Consent

When you submit an application for an Accion Opportunity Fund loan, you consent to allow Accion Opportunity Fund to conduct a pull of your credit report, and you understand that a "hard pull" may affect your credit score with the major credit reporting bureaus. You further consent to allow Accion Opportunity Fund to obtain information from your personal credit profile, and your company's credit file, if applicable, or other information from one or more consumer reporting agencies under the Fair Credit Reporting Act. Your consent indicates your agreement that Accion Opportunity Fund may use your credit reports to make credit decisions, or at various times during the term of your loan in connection with the servicing, monitoring, collection or enforcement of the loan. In the event you are approved for and issued a loan, your consent indicates your understanding that Accion Opportunity Fund may report credit data on your loan to credit reporting agencies. Accion Opportunity Fund agrees that any information furnished will be accurate. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial, and we will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement, if applicable.

☐ **I consent to the conditions above, which allow Accion Opportunity Fund to conduct a pull of my credit in order to proceed with the processing of my credit application for an Accion Opportunity Fund loan.**

Referral Consent

In some situations, depending on the type of loan for which you apply, after we review your application, we may not be able to offer you a loan, but our third party partners may be able to present you with other loan offers. If you consent, we will share your personal information with a third-party partner so that they can determine if you apply for a loan issued by them.

☐ **I authorize the sharing of any information provided to Accion Opportunity Fund with third parties for the express purpose of determining if I qualify for a loan with a third party, if Accion Opportunity Fund is unable to offer a loan.**

The federal Equal Credit Opportunity Act prohibits creditors for discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Trade Commission, Washington, DC 20580 administers Accion Opportunity Fund Community Development's compliance with the Equal Credit Opportunity Act.

*By giving us a cell number or a number later converted to a cell number, you agree that we or our service providers can contact you at that number by autodialer, recorded or artificial voice, or a text. Your phone plan charges may apply. You may contact us at any time to opt out.

Important Information About Procedures for Opening a New Account: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that will allow us to identify you. What this means for you: When you apply for a loan, we will ask for your name, address, date of birth and other information. We may also ask to see your driver's license or other identifying documents.

Applicant Signature: _____ **Date:** _____

Loans issued by Accion Opportunity Fund will be made or arranged pursuant to California Department of Financial Protection and Innovation's Finance Lenders License #6050609, 6054328, 603J633.