

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: _____

Milage:

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)



Sell My Rig LLC

Main: 3449 W Franklin Ave
Fresno, CA 93706

Email: info@sellmyrig.com Office: 559-708 - 0302

MONEYS TO THE CONSIGNOR

Within 7 days after the sale, the consignee shall make an accounting to the consignor of all of the following: date of sale, repairs authorized by the consignor (supported by work records), an exact amount of any liens payable to lien holders, evidence of payment of any liens, and the total sales price.

Upon the sale of vehicle consignee(s) will receive the first total payment of the sale proceeds, which is agreed by the parties to be the "Net Sale Proceeds" or the adjusted "Net" agreed to by seller. Consignee may deduct from the Net Sale Proceeds due consignor(s) the following amounts: (i) all amounts due the Department of Motor Vehicles for unpaid license or registration fees or penalties associated with the vehicle and incurred while consignor(s) remain the registered owner of the vehicle; (ii) amounts due to lien holders holding a security interest in the vehicle; (iii) administrative fees due to Sell My Rig LLC (iv) repair charges to the vehicle authorized by consignor(s).

The consignee, Sell My Rig LLC, shall earn the difference in value between seller and consignee amounts. These amounts are agreed upon before the sale of the vehicle, and the seller price is final upon signature of this document.

Upon payment of the monies due to the consignor, the consignor agrees to furnish the dealer those documents necessary to transfer the ownership of the vehicle to the purchaser within 7 days of receiving monies due.

SIGNATURES:

X _____
CONSIGNOR DATE

ADDRESS CITY STATE ZIP

X _____
SELL MY RIG LLC DATE

NOTICE TO CONSIGNOR: Failure of the consignee to comply with the terms of this agreement may be a violation of statute which could result in criminal or administrative sanctions, or both. If you feel the Consignee has not complied with the terms of this agreement, please contact the Department of Motor Vehicles, Division of Investigations and Occupational Licensing Bureau of Investigations, via the local Department of Motor Vehicles office. The consignee is the person(s) or dealer who is selling the vehicle(s) on behalf of the consignor. The consignor is the person(s) who has given the vehicle to the consignee to be sold.



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:

Sell My Rig

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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REG 260 (REV. 3/2007) [WWW](http://www.dmv.ca.gov)

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State Plate Pro

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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:			
	1. 2. 3.				- - -	- - -			
E Q U I P	VENDOR / SELLER: .						Run Time (hours/miles)		
	EQUIPMENT DESCRIPTION / SPECS								
	COST OF EQUIPMENT			FINANCE TERM REQUESTED			DOWN PAYMENT OFFERED		

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.

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.

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.



I AGREE



I do not want my information released for marketing purposes

• Signature/Title:

Date: