

# SILVER STATE INTERNATIONAL



PO Box 1680 Sparks, NV 89431

Branches: Silver State International, Inc. - T.I.N. 20-1588437 T 775-685-6000

2255 Larkin Circle, Sparks, NV 89431 T 800-950-2443

F 775-685-6015

JBP, LLC dba Ideal Lease of Reno / Sparks T 775-685-6030

2255 Larkin Circle, Sparks, NV 89431 F 775-685-6027



## CREDIT APPLICATION FOR PARTS, SERVICE AND RENTAL/LEASING ACCOUNTS

Name of Firm ("Applicant"): \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Street

City

State

Zip

Ship to Address: \_\_\_\_\_ Phone \_\_\_\_\_

Street

City

State

Zip

Fax: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_ Taxable \_\_\_\_\_ Resale (if resale, please attach appropriate resale card)

Date Established: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietor \_\_\_\_\_ LLC \_\_\_\_\_ Type of Business \_\_\_\_\_

The Owner(s) / Officers are:

Name \_\_\_\_\_ Title \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Address \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Address \_\_\_\_\_

Has Applicant or any Owner or Officer ever filed for bankruptcy?  yes  no

Applicant requests a credit account with Silver State International, Inc., with a credit limit of \$ \_\_\_\_\_ in accordance with the Terms and Conditions set forth in this three (3) page document, which, together with any rental/lease documents into which Applicant may enter with Silver State International, Inc. constitute a valid and binding contract.

### PAYMENT TERMS

All invoices are due and payable within 30 days of purchase date of the invoice. A finance charge of 1<sup>1/2</sup> % per month (18% per annum) will be charged on all past due invoices.

**Special Instructions:** We at Silver State International, Inc., want to be of service to you. If you have any special instructions regarding your purchasing procedures such as the use of purchase orders or specific authorization requirements, please indicate.

\_\_\_\_\_  
\_\_\_\_\_

**Silver State International, Inc.**  
**(A Corporation T.I.N. 20-1588437)**

For the purpose of seeking the extension of credit by Silver State International, Inc., Applicant submits the information contained in this document, which includes pages 1-3, and supplemental sheets, if any, as being a full true, and correct statement of Applicant's credit information and/or my financial condition on all matters as reflected herein, on the date stated. Applicant intends that Silver State International, Inc., and its divisions, including but not limited to JBP, LLC dba Ideal Lease of Reno / Sparks, (collectively "SSI") rely upon the information submitted herein in determining Applicant's creditworthiness. Applicant agrees to notify SSI immediately in writing of any change in ownership, addresses, phone numbers, or of any materially unfavorable change in its financial condition.

Applicant hereby authorizes SSI, now and periodically in the future, to make inquiry into, to request, and to receive any information concerning its character, general reputation, financial stability, and any and all other information (including information from creditors) that SSI deems relevant for determining Applicant's creditworthiness for the parts and service account or the rental/lease of equipment from SSI. Applicant also authorizes and instructs any person, entity and/or consumer reporting agency to compile and furnish any and all information it may have or obtain in response to such inquiries. This authorization shall be effective from the date upon which this application is signed until revoked in writing.

Unless Applicant notifies SSI otherwise in writing, Applicant agrees to pay for any and all products, services and/or rentals/leases under its accounts, whether ordered by Applicant or by any person representing himself/herself to be an agent, employee or representative of Applicant. SSI reserves complete and unfettered discretion in determining whether, and on what terms, to extend credit to Applicant. SSI also reserves complete and unfettered discretion to terminate an extension of credit, to alter the terms of an extension of credit, or to deny credit without notice and without cause.

All invoices are due and payable within 30 days of purchase date of the invoice. Interest on past due balances shall accrue at the rate of 1<sup>1/2</sup> % per month (18% per annum), and shall be applied to the past due balance after deducting current payments and/or credits appearing on the statement. The accrual of payment of interest does not authorize the customer to defer payment of any indebtedness beyond the credit terms as stated herein. Applicant agrees to pay all costs, including, but not limited to collection agency fees, attorney's fees and court costs, that SSI incurs in the collection of past due balances.

This contract was made and accepted, and shall be deemed to have been performed in the State of Nevada. The proper venue and jurisdiction for any legal action arising from or in any way relating to this contract shall be solely in the State of Nevada. A duly signed facsimile transmission or photocopy of the credit application shall be sufficient to bind Applicant to the terms of this contract, and shall have the same force and effect as the original.

Signature _____	Date: _____	
Print Name _____	Title: _____	SSN: _____

**Personal Guarantee**

In consideration of SSI's agreement to sell parts/services, rent/lease equipment, and in consideration of all other matters pertinent to doing business with SSI, I unconditionally guarantee that I will pay any amount due now or in the future according to the terms and conditions set forth herein and upon SSI's demand. I acknowledge and agree that my obligation hereunder arises irrespective of SSI's efforts, or lack thereof, to pursue Applicant for the amounts due. I understand that I may revoke this Personal Guarantee only by giving written notice to SSI and that such revocation will be effective only for credit which SSI extends after receipt of such notice. SSI need not provide me any notice of sales to Applicant or the status of Applicant's accounts or any other information in order for this Personal Guarantee to be effective. I hereby acknowledge and accept the duty to keep myself aware of the status of Applicant's account and of Applicant's financial condition. A duly signed facsimile or photocopy of this Personal Guarantee shall have the same force and effect as the original.

Signature _____	Date: _____	
Print Name _____	SSN: _____	

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## CREDIT REFERENCES

We have credit accounts with the following and authorize you to contact them for necessary credit information.  
(Complete information must be provided for processing of this application.)

### Trucks Financed With:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Bank Reference (Checking):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Bank Reference (Loans):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Trade References (MUST PROVIDE FAX NUMBER):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Street

City State Zip

Account Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Street

City State Zip

Account Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Street

City State Zip

Account Number: \_\_\_\_\_