

To whom it may concern,

Please find attached the **ioneer Rhyolite Ridge LLC** information package. We have provided this for efficiency to supplement the credit application process.

In 2021, ioneer USA Corporation has changed its name to **ioneer Rhyolite Ridge LLC**. Like ioneer USA Corporation, **ioneer Rhyolite Ridge LLC** is a subsidiary of ioneer Limited. ioneer Limited has management authority of **ioneer Rhyolite Ridge LLC**.

We will consider this document formal acceptance of terms of credit with your company as laid out in the credit application and agreed upon by our Supply Chain Director.

If there are additional requirements for completion or any questions, please feel free to reach out.

We look forward to the continuing relationship.

Sincerely,

Kori Iverson

Director, Supply Chain



Credit References:

NewFields
1349 W Peachtree Street, Ste 1950
Atlanta, GA 30309
Office: (406) 443-3445
Email: mhuntington@newfields.com

Fluor Corporation
100 Fluor Daniel Drive
Greenville, SC 29607
Office: (864) 281-6349
Email: dan.zhou@fluor.com

Westland Resources
4001 E Paradise Falls Drive
Tucson, AZ 85712
Office: (520) 206-9585
Email: bmelendez@westlandresources.com

Registered Corporate Office

Ioneer USA Corporation
W: www.ioneer.com

DBA

Ioneer Rhyolite Ridge LLC
9460 Double R Blvd, Ste. 200
Reno, NV 89521

Tax Id: 98-0594815
5 years in business; 20 employees
NAICS Code 212913
D-U-N-S number: 117690035

Invoice Inquiries and Statements: accountspayableus@ioneer.com
Please submit all invoices in US Dollars, Standard Payment Terms Net 30

Purchase Order or Contract Inquiries:

Kori Iverson
Supply Chain Director
Office: (775) 993-8516
Email: kiverson@ioneer.com

Tax Information:

We are NOT a tax-exempt organization
All Goods (not services) are to be taxed at the Washoe County Tax Rate

W: ioneer.com



EFT AUTHORIZATION

PART 1: Vendor Information (please type or print):

Company Name _____
Mailing Address _____
Suite # _____
City, State, County _____
Description of _____
Services/Goods: _____
RFQ Contact _____
RFQ Email _____
Telephone Number _____
MSHA ID # _____
Contractor License _____
State of incorporation _____

Please check the appropriate box:

Individual/Sole Proprietor Corporation Partnership LLC

Remittance Information:

Company Name _____
Remittance Address _____
Accounting Email _____
Telephone Number _____
NAICS Code _____
Payment Terms Net 30 _____
Dunn& Bradstreet# _____

Does your company assess, collect, and remit sales tax to the State of Nevada:

Yes No Tax Exempt Rate % _____

Taxpayer Identification Numbers: Please remit completed IRS Form W-9/W8 (attached)

Employer Identification Number _____
or
Social Security Number _____

Is this a Tribal Owned Business? Yes No Type: _____
Is this a Minority Owned Business? Yes No Type: _____
Is this a Veteran Owned Business? Yes No Type: _____
Is this a Women Owned Business? Yes No Type: _____



AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT)

Company Name: _____

I decline payment by EFT. Please make payment by check to remittance address above.

For New Enrollment or for Changes in Financial Institution information, please complete this form, then sign and return to ioneer USA Corporation at the address shown at the bottom.

PART 2: EFT Authorization (Please check appropriate box and complete this part):

New EFT Account Change to Existing EFT Information, Effective Date _____

Please enclose a voided check for verification.

Financial Institution _____ Branch _____

City _____ State _____ Zip _____

Phone Number _____ Contact Name _____

Bank Letter Provided to validate information Yes No

ACH

Bank Name: _____

ABA: _____

Wire

Bank Name: _____

ABA: _____

Int'l

Bank Name: _____

SWIFT: _____

Account # _____ Account Type Checking Savings

EFT Contact Name: _____

Phone# _____ Advice Email: _____

EFT Signature Authorization:

I (we) hereby authorize ioneer USA Corporation, hereinafter called COMPANY, to initiate credit and, if necessary, debit entries and adjustments for any credit entries in error to the Account indicated above, at the depository Financial Institution named above, and to credit or debit the same from such Account. I (we) acknowledge that the authority will remain in effect until I (we) have cancelled it in writing and that the origination of ACH transactions to the Account indicated above must comply with the provisions of U.S. law.

Signature _____ Title _____

Print Name _____ Date _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (us) of its termination in such time, and in such manner as to afford COMPANY and Financial Institution a reasonable opportunity to act on it.

In order to ensure timely payment, invoices must be submitted to the Accounts Payable Department in pdf format, electronically via E-mail @ accountspayableus@ioneer.com. Our Mailing address is: 9460 Double R Blvd., Reno, NV 89521. Purchase order Inquiries: Kori Iverson, Supply Chain, 775.993.8516 or kiverson@ioneer.com.

Please Reference the following on all invoices:

Purchase Order Number: _____, Contract Number: _____

Project Manager: _____, Project Spend to date: _____



If you need more information or assistance in providing vendor information, please contact the Purchasing Department:

This section for ioneer use only** Verification Steps: Vendor Website Financial WC