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| --- |
| **BILL OF SALE** |
| VEHICLE DESCRIPTION |
| VEHICLE IDENTIFICATION NUMBER (VIN) | YEAR | MAKE | MODEL |
|  |  |  |  |
| I/We sell, transfer, and deliver the above vehicle to  (print SELLER’S name) On / / for $  (print BUYER’S name) (month, day and year) (selling price)If this was a GIFT, indicate relationship: (ex: parent, spouse, friend, etc.)  |
| SELLER INFORMATION |
| SIGNATUREx | PRINT NAME | DATE |
| SIGNATUREx | PRINT NAME | DATE |
| MAILING ADDRESS CITY STATE ZIP | DAYTIME PHONE # |
| BUYER INFORMATION |
| SIGNATUREx | PRINT NAME | DATE |
| SIGNATUREx | PRINT NAME | DATE |
| MAILING ADDRESS CITY STATE ZIP | DAYTIME PHONE # |

**This form should be completed in ink. Errors or alterations on the title or other documents presented for title transfer may require this form to be notarized.**