## **BILL OF SALE**

Vehicle Identification Number		Year	Make	Body Style
Sale Date	Sale Payment Amount			
Buyer Name (first, middle, last, suffix)			Driver License Nur	mber Date of Birth
Mailing Address			City	State Zip
	and transfer ownership of	the vehicle above to the	Buyer in consid	eration of Sale Payment Amo
Mailing Address			City	State Zip
Signature				
	Acknowledged before		Notary or MVD Agent Signature	
	Date	County	State C	ommission Expires