## **BILL OF SALE**

48-2004 R03/15 azdot.gov

Venicle Identification Number				rear	IVIAKE	Bod	y Style	
Sale Date	Sale Payme	ent Amount						
Buyer Name (first, middle, last, suffix)					Driver License Number		Date of Birth	
Mailing Address					City		State	Zip
I do hereby sell a	and transfer own	ership of the vel	nicle above to	the	Buyer in consider	ration of Sal	e Payr	ment Amount.
Seller Name (first, middle, last, suffix)					Driver License Number		Date of Birth	
Mailing Address					City		State	Zip
Signature								
	Acknowledged before me this date.				Notary or MVD Agent Signature			
		Date	County		State Con	nmission Expire	es	