

## **Bill of Sale**

Office Use Only

Title and Registration Bureau

P.O. Box 201431, 302 N Roberts, Helena, MT 59620-1431

Phone (406) 444-3661 Fax (406) 444-0116

• mvdtitleinfo@mt.gov

	*** <b>Th</b> i	is form must be completed i	n its en	itirety. ***		
As recorded o	on this form, I received	the sum of			dollars	
(\$	) and other valuable consideration to sell, transfer and deliver to					
Purchaser			_ DL/FEIN	I/Tribal ID/Corp ID*		
Address						
my right, title	e and interest to the foll	lowing described vehicle/vessel:				
Year	Make	Mode	el	Style		
Vehicle/Hull Identification No.			Lice	License Plate No.		
Salvage	vehicle (must k	oe 15 years old or older	·): []	Yes No		
Sold for	<b>parts only:</b> Yes	S No	<del></del>			
Odometer S		_ <del></del>				
The (check one	e) □five or □six digit o	odometer now reads (no tenths) reflects the actual mileage <b>unless</b>	one of th	miles, date read	checked:	
		neter reading reflects the amount of				
UNLESS APF	PLICABLE The odom	neter reading reflects the amount of neter reading is not the actual mileac	mileage ii je. <b>Warni</b>	ing – odometer discrepancy.	nits.	
 I (purchaser)	am aware of the odom	eter certification made by the selle	er above.			
Purchaser's s	ignature			Date		
	This is my legal	_				
	·					
Electronic ti (2), I certify th		t if electronic record transfer is	require	d in accordance with MCA 61-3-2	!20(1)(a) &	
<ul> <li>I am not</li> </ul>	t in possession of the title.					
	e owner of this vehicle and not previously transferred t	I authorize the transfer to the above-ro another person for sale.	named pur	chaser.		
of all per	he right to sell the vehicle/ rsons except the secured p	/vessel described above and will warrar	ation.	-		
correct t		03), I certify that the statements made ge, information, and belief; I am the pe y to do so.				
Seller's signature				Date		
This is my legal signature (All owners must sign)  Seller's printed name DL				J/Tribal ID/Corp ID*		
Seller's printed	If signing for a	business entity, give full entity name	_ DL/FEIIN	ייםו אוטיסטום וואמו וויים.		
Address						
	*	I Employee Identification No.; Tribal ID=Trib	al Identifica	ation Card No.; Corp ID=Corporate Ide	entification No.	
Notary Use State of	e Only: County of	Signed before me on		Notary Stamp/Seal		
State of	County of	(date)		Notary Stamp/Sear		
by (clearly print r	name of person signing form)			7		
Notary signature				_		