BILL OF SALE

State of District of Columbia — Motorcycle

Seller Information

Full Name: _____

Address: _____

City: _____ State: _____

ZIP: _____ Phone: _____

Buyer Information

Full Name: _____

Address: _____

City: _____ State: _____

ZIP: _____ Phone: _____

Vehicle Information

Year: _____ Make: _____

Model: _____

Vehicle Identification Number (VIN): _____

Color: _____ Odometer Reading: _____

Sale Information

Sale Price ($): _____ Date of Sale: _____

Payment Method: _____

Condition

This vehicle is sold AS-IS with no warranties expressed or implied unless noted below.

Additional Terms: _____

Signatures

_____ _____

Seller Signature Buyer Signature

_____ _____

Printed Name Printed Name

_____ _____

Date Date

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