

BILL OF SALE

State of Washington — 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