

BILL OF SALE OF AUTOMOBILE

To be completed upon sale of motor vehicle.

State of Rhode Island
County of _____

\$ _____

FOR AND IN CONSIDERATION OF _____ Dollars (\$ _____) cash in hand, paid me this day in full by _____, "Buyer(s)", _____, "Seller(s)" do hereby bargain and sell to Buyer(s) the following personal property:

One (1) Motor Vehicle

Make _____

Model _____

Body Type _____

Vehicle Identification Number (VIN) _____

Year: _____

The said property I guarantee is my own and free of all claims and offsets of any and all kinds.

To have and to hold the same unto Buyer(s) and Buyer(s) executors, administrators and assigns, forever.

This vehicle is sold "as-is" without any warranties, express or implied, as to the condition of such vehicle. By accepting this Bill of Sale, Buyer(s) represent that Buyer(s) have personally inspected the vehicle and accepts the vehicle "as-is".

Seller(s)

Signature
Print Name: _____

Signature
Print Name: _____

SWORN TO AND SUBSCRIBED BEFORE ME, this the ____ day of _____, 20____.

NOTARY PUBLIC

My Commission Expires:

ODOMETER DISCLOSURE STATEMENT

To be completed by Transferor (Seller)

Federal law (and State law, if applicable) requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

I, _____, state that the odometer now reads _____ miles and to the best of my knowledge that it reflects the actual mileage of the vehicle described below, unless one of the following statements is checked.

I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.

I hereby certify that the odometer reading is NOT the actual mileage.
WARNING - ODOMETER DISCREPANCY.

Make _____	Model _____	Body Type _____
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Vehicle Identification Number (VIN) _____	Year: _____
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Signature of Transferor (Seller): _____

Transferor's (Seller's) Information

Transferor's Name (Please Type or Print): _____		
Street Address: _____		
City: _____	State: _____	Zip: _____

Transferee's (Buyer's) Information

Transferee's Name (Please Type or Print): _____		
Street Address: _____		
City: _____	State: _____	Zip: _____

Signature of Transferee (Buyer): _____

DATE OF STATEMENT: _____

STATE OF RHODE ISLAND
COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME, this the ____ day of _____, 20____.

NOTARY PUBLIC

My Commission Expires: _____

ORIGINAL MUST BE PROVIDED WITH APPLICATION FOR A CERTIFICATE OF TITLE