UTICA ELFCU
Utica District Telephone Employees Federal Credit Union

BILL OF SALE

VEHICLE INFORMATION

Make: _____ Model:_____ Year: _____

Style: _____ Color: _____ VIN# _____

Odometer reading: _____ Seller Registration # _____

Have you previously filed an application for this title of this vehicle? ☐Yes ☐No

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I _____of _____
(SELLER'S FULL NAME) (STREET ADDRESS)

_____ _____ as owner of this vehicle, transfer ownership to
(CITY) (STATE)

_____of_____
(BUYER'S FULL NAME) (STREET ADDRESS)

_____ _____ for the sum of **$**_____
(CITY) (STATE) (E.G. $10,500.00)

☐ This was a gift. Indicate relationship (e.g. parent, spouse, friend): _____

I declare under penalty of perjury that the statements herein contained are true and correct to the best of my knowledge and belief.

_____ _____
(SELLER'S SIGNATURE) (DATE)

(KEEP THIS COPY FOR YOUR RECORDS)

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_____ _____
(SELLER'S SIGNATURE) (DATE)