

COLORADO EQUIPMENT BILL OF SALE

Date: _____ (mm/dd/yyyy)

Seller Information: Full Name: Address: City/State/ZIP: Phone Number: Email:	Buyer Information: Full Name: Address: City/State/ZIP: Phone Number: Email:
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Description of Equipment:

Item	Make	Model	Year	Serial Number (if applicable)	Condition

Purchase Price:

- Total Amount: \$ _____

Payment Method:

- Cash
- Check
- Money Order
- Credit Card
- Other: _____

TERMS AND CONDITIONS

1. THE PARTIES:

- The undersigned Seller agrees to sell, and the undersigned Buyer agrees to buy the equipment described above.

2. DESCRIPTION OF EQUIPMENT:

- The equipment being sold is described in the above table under "Description of Equipment."

3. TRADE-IN/EXCHANGE (if any):

- Is there a trade-in or exchange? (Check one)
 - Yes
 - No
- If yes, provide details:
 - Trade-In Item Description:

 - Serial Number (if applicable):

 - Value of Trade-In Item: \$ _____

4. SELLER AND BUYER DISCLOSURE:

- The undersigned Seller certifies that they are the legal owner of the described equipment, which is free of all liens and encumbrances. The undersigned Buyer acknowledges receipt of the described equipment in good condition except as noted below.

5. ODOMETER DISCLOSURE STATEMENT (if applicable):

- Current Odometer Reading: _____ hours
- The odometer reading is (check one):
 - Actual Hours
 - In Excess of Mechanical Limits
 - Not the Actual Hours (Warning - Odometer Discrepancy)

6. WARRANTY:

- The equipment is sold "as-is" without any warranties, either express or implied, except as provided below:

- _____
- _____

7. ADDITIONAL TERMS AND CONDITIONS:

- Any additional terms or conditions should be noted below:

- _____
- _____

SIGNATURES

Seller's Signature: _____

- **Date:** _____

Buyer's Signature: _____

- **Date:** _____

Witness's Signature (if applicable): _____

- **Date:** _____

Acknowledgment:

- This document was acknowledged before me on this ____ day of _____, 20 by _____ (Seller) and _____ (Buyer).

Notary Public:

- _____
- **My Commission Expires:** _____