**Connecticut Equipment Bill of Sale Form**

**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:** |
| --- | --- |

**Description of Equipment:**

**Purchase Price: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The undersigned Seller agrees to sell the above-described equipment to the Buyer for the stated purchase price. The Seller affirms that the information about the equipment and the transaction details provided in this document are true and accurate to the best of their knowledge.**

**Personal Property**

* **Consideration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Description of Equipment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Serial Number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Trade/Exchange Price: (if applicable)**

* **Item being traded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Value of the traded item: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Seller and Buyer Disclosure**

**The undersigned Seller certifies that the information provided about the Equipment being sold is accurate. The Seller also affirms that they are the lawful owner of the Equipment described and that it is free of any liens or encumbrances.**

**The undersigned Buyer recognizes this document as a receipt for the equipment in question and acknowledges receiving the equipment in satisfactory condition. The Buyer affirms that they understand the equipment is sold "as-is" and that the Seller is not liable for any future issues related to the equipment.**

**Seller’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Buyer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Terms and Conditions:**

* **The Buyer agrees to pay any applicable taxes related to the purchase of the equipment.**
* **This Bill of Sale is governed by the laws of the State of Connecticut.**
* **Any disputes arising from this Bill of Sale will be resolved in the courts of Connecticut.**

**Witness (if applicable):**

* **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notary Acknowledgment (if applicable):**

**State of Connecticut**

**County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**On this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20, before me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Notary’s name), personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Seller’s name) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Buyer’s name), known to me or proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to this instrument, and acknowledged that they executed the same.**

**Notary Public: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Information:**

* **Any warranties or guarantees related to the equipment should be explicitly stated here.**
* **Any specific conditions or obligations for either party should be detailed in this section.**
* **If any additional documents or attachments are required (e.g., proof of ownership, maintenance records), they should be listed here.**

**Signatures:**

**Seller:**

* **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Buyer:**

* **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness (if applicable):**

* **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**