## Florida UTV Bill of Sale Form

This Bill of Sale is made on this \_\_\_\_\_ day of \_\_\_\_\_, 20, by and between:

	Seller Information	Buyer Information
Name		
Address		
City, State, ZIP		
Phone Number		
Email Address		
UTV Information:		
Make:		
Model:		
Year:		
VIN (Vehicle Identification I	Number):	
License Plate Number:		
Odometer Reading:		
Color:		
Description:		
Purchase Price and Payme	nt:	
The total purchase price for the UTV is \$		(US Dollars), to be paid
by the Buyer to the Seller i	n the following manner:	

[] Cash [] Check [] Money Order [] Bank Transfer [] Other:

Condition of UTV:

The UTV is sold (check one): [] As-is [] With warranties:

The Seller certifies that the UTV is free from all liens and encumbrances and that they are the true and lawful owner of the UTV with the authority to sell it.

Additional Terms and Conditions:

- 1. The Seller agrees to deliver the UTV along with the following items (if any):
  - 0 \_\_\_\_\_ 0 \_\_\_\_ 0
- 2. The Buyer has inspected the UTV and accepts it in its current condition, acknowledging that the Seller has made no other warranties or representations other than those mentioned herein.
- 3. Any modifications, repairs, or improvements made to the UTV post-sale are the responsibility of the Buyer.

Vehicle Inspection Statement:

The Buyer certifies that they have had the opportunity to inspect the UTV and accepts the condition as is.

**Odometer Disclosure Statement:** 

The Seller hereby certifies that the odometer reading stated above reflects the actual mileage of the UTV to the best of their knowledge.

Signatures:

Seller's Signature: Date:

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Buyer's Signature:	Date:
Witness Signature:	Date:
Witness Signature:	Date:
Notary Acknowledgment:	
State of Florida County of	
The foregoing instrument was acknowledged before me	by means of [ ] physical
presence or [ ] online notarization, this day of	, 20, by
(Seller) and	(Buyer), who
are personally known to me or who have produced	as
identification.	
Notary Public, State of Florida (Seal) Signature:	
Printed Name:	
My Commission Expires:	