| **Hawaii Golf Cart Bill of Sale Form** |
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**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20**

**I. The Parties:**

| **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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**II. Golf Cart Description:**

**Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Serial Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Type (Gas/Electric): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Battery Voltage: \_\_\_\_\_\_\_\_\_\_**

**III. Purchase Price & Payment:**

**The undersigned Seller agrees to sell and the Buyer agrees to buy the above-described Golf Cart for the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (US Dollars).**

**IV. Sale Agreement:**

1. **The Seller affirms that the information about the Golf Cart is accurate to the best of their knowledge.**
2. **The Buyer accepts receipt of this Bill of Sale and understands that the Golf Cart is sold in "as is" condition with no warranties, either expressed or implied.**
3. **This Bill of Sale represents the final agreement between the Seller and Buyer and there will be no further changes or amendments unless agreed upon in writing by both parties.**

**V. Signatures:**

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

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

**Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**