**Illinois Bicycle Bill of Sale Form**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **1. Seller Information:**  **Full Name: Address: City/State/ZIP:  Phone Number: Email:** | **2. Buyer Information:**  **Full Name: Address: City/State/ZIP:  Phone Number: Email:** |
| --- | --- |

**3. BICYCLE DESCRIPTION:**

* **Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Serial Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Other Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. SALE PRICE AND PAYMENT:**

* **Sale Price: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (USD)**
* **Payment Method: [ ] Cash [ ] Check [ ] Money Order [ ] PayPal [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. CONDITION OF BICYCLE:**

* **The condition of the bicycle is (check one):**
  + **New**
  + **Excellent**
  + **Very Good**
  + **Good**
  + **Fair**
  + **Poor**

**6. WARRANTIES AND DISCLOSURES:**

* **The Seller certifies that the bicycle is free from any liens or encumbrances and that they have the legal right to sell the bicycle. The bicycle is sold "as-is," with no warranties expressed or implied by the Seller.**

**7. ADDITIONAL TERMS (IF ANY):**

**8. SIGNATURES:**

* **Seller's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**
  + **Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Buyer's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**
  + **Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**9. WITNESS (IF APPLICABLE):**

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