

Illinois Personal Property Bill of Sale Form

Date: _____

1. THE PARTIES:

<p>Seller's Information: Full Name: _____ Address: _____ City/State/ZIP: _____ Phone Number: _____</p> <p>Buyer's Information: Full Name: _____ Address: _____ City/State/ZIP: _____ Phone Number: _____</p>
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2. PERSONAL PROPERTY DESCRIPTION:

Provide detailed information about the personal property being sold.

Item Description	Make/Brand	Model	Serial Number	Condition	Price (\$)

3. PURCHASE PRICE:

- Total Purchase Price: \$ _____

4. PAYMENT METHOD:

Specify the payment method agreed upon by both parties.

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

5. CONDITION OF THE PERSONAL PROPERTY:

The condition of the personal property at the time of sale is (Check one):

- New
- Excellent
- Very Good
- Good
- Fair
- Poor

6. WARRANTIES:

The Buyer acknowledges that the personal property is sold "AS IS," with no warranties, either express or implied, made by the Seller. The Buyer accepts the personal property in its current condition and waives any claims against the Seller for defects.

7. ADDITIONAL TERMS AND CONDITIONS:

Include any additional terms and conditions agreed upon by both parties.

8. SELLER'S DISCLOSURE:

The undersigned Seller affirms that the above information about the personal property is accurate to the best of their knowledge and belief. The personal property is sold "AS IS," with no warranties, express or implied, except as specifically stated herein.

Seller's Signature: _____ Date: _____

Buyer's Signature: _____ Date: _____

9. WITNESS INFORMATION (OPTIONAL):

- Witness Name: _____
- Address: _____
- City: _____ State: _____ ZIP: _____

Witness Signature: _____ Date: _____

10. NOTARY ACKNOWLEDGMENT (OPTIONAL):

State of _____

County of _____

On this ____ day of _____, 20, before me personally appeared _____ (Seller) and _____ (Buyer) who executed the foregoing instrument and acknowledged it to be their free act and deed.

Notary Public Signature: _____

My Commission Expires: _____

Notary Seal: