

# Indiana Furniture Bill of Sale Form

Date: \_\_\_\_\_ (mm/dd/yyyy)

## 1. SELLER'S INFORMATION:

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- City, State, ZIP: \_\_\_\_\_, Indiana, \_\_\_\_\_
- Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

## 2. BUYER'S INFORMATION:

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- City, State, ZIP: \_\_\_\_\_, Indiana, \_\_\_\_\_
- Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

## DESCRIPTION

Type: \_\_\_\_\_

Brand: \_\_\_\_\_

Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Other Information: \_\_\_\_\_

## PAYMENT

The Buyer agrees to pay the Seller the sum of \$ \_\_\_\_\_ for the furniture described above.

**Payment Method:**

Cash

Check

Money Order

Other: \_\_\_\_\_

**ADDITIONAL TERMS (OPTIONAL)**

The Buyer and Seller agree to the following additional terms and conditions:

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**SIGNATURES**

**Seller's Printed Name:** \_\_\_\_\_

**Seller's Signature:** \_\_\_\_\_

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

**Buyer's Printed Name:** \_\_\_\_\_

**Buyer's Signature:** \_\_\_\_\_

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

**Witness's Printed Name:** \_\_\_\_\_

**Witness's Signature:** \_\_\_\_\_

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