Iowa Furniture Bill of Sale Form

State of Iowa	
County of	
Seller's Information:	
Full Name:	
Address:	_
City/State/ZIP:	
Phone Number:	_
Buyer's Information:	
Full Name:	
Address:	_
City/State/ZIP:	
Phone Number:	
Type: Brand: Model: Serial Number: Condition: Description:	
SALE DETAILS • Purchase Price: \$	

Date of Sale:
The undersigned Seller hereby certifies that they are the legal owner of the Furniture described above and have full right and authority to sell and transfer such Furniture. The Seller certifies that the Furniture is being sold free and clear of any liens, claims, or encumbrances of any kind. The undersigned Buyer acknowledges receipt of this Bill of Sale and understands
that the Furniture is sold "AS-IS," with no warranties or guarantees of any kind,
either expressed or implied, except as stated in this document.
PAYMENT METHOD (Check one)
□ Cash
☐ Personal Check
☐ Cashier's Check
☐ Credit Card
☐ Money Order
☐ Other:
SIGNATURES
Seller's Signature:
• Date:
Print Name:
Buyer's Signature:
• Date:
• Print Name:
WITNESS SIGNATURES (if applicable)
Witness 1 Signature:
• Date:
Print Name:

•	Witness 2 Signature:
•	Date:
•	Print Name: