**Iowa Scooter Bill of Sale Form**

**Date: \_\_\_\_\_\_\_\_, 20**

**1. THE PARTIES:**

**Buyer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_**

**Seller Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_**

**(Hereinafter known as the "Parties") agree to the following:**

**2. SCOOTER INFORMATION:**

**Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Year: \_\_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_  
Odometer Reading: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ miles / kilometers (Circle one)  
Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
VIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. PURCHASE PRICE:**

**The buyer agrees to pay the total amount of: $\_\_\_\_\_\_\_\_\_\_\_\_ (US Dollars) to the seller for the Scooter.**

**4. PAYMENT:**

**Payment shall be made by the Buyer to the Seller as follows:**

**Payment Method: ☐ Cash ☐ Cashier’s Check ☐ Certified Check ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Payment: \_\_\_\_\_\_\_\_, 20**

**5. AS-IS CONDITION:**

**The Scooter is sold "As-Is," with no warranties or guarantees expressed or implied by the Seller. The Buyer agrees that they have inspected the Scooter and accept its current condition.**

**6. SIGNATURES:**

**Seller's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_, 20**

**Buyer's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_, 20**

**Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_, 20**

**Notary Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_, 20**

**Notary Commission Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Acknowledgment:**

**Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_\_, 20.  
Notary Public in and for the State of Iowa:  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
My Commission Expires: \_\_\_\_\_\_\_\_, 20**