**Equipment Bill of Sale**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| BE IT KNOWN, that for payment in the sum of $ |  |  |  |  | , the full receipt of |
| which is acknowledged, the undersigned |  |  |  |  |  |  | (Seller) hereby |
| sells and transfers to |  |  | (Buyer), the following described piece |
| of equipment: |  |  |  |  |  |  |
| Make: |  |  | Model: |  |
| Year: | VIN#: |
|  |  |  |  |  |  | Hour |  |  |  |
| Serial #: |  |  | Reading: |  |

**The sale is subject to the following conditions and representations:**

Seller acknowledges receipt of $ Equipment is paid in full.

in payment for the Equipment.

Seller certifies to the best of the Seller's knowledge that the hour reading listed in the equipment’s description above reflects the actual hours of the Machine. The Machine's hour meter was not altered, set back, or disconnected while in the Seller's possession, and the Seller has no knowledge of anyone doing so.

Seller warrants to Buyer that Seller has full authority to sell and transfer said property, and that said property is sold free of all liens, encumbrances, liabilities, and adverse claims of every nature and description whatsoever.

Seller has no knowledge of any hidden defects in and to the Machine, and believes to the best of the Seller's knowledge that the Equipment being sold is in good operating condition. Said Machine is otherwise sold in “as is” condition and where currently located.

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

Signature of Seller: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Buyer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the presence of (Witness): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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