

# FLORIDA BILL OF SALE FORM

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

## Seller's Information

Legal Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone No: \_\_\_\_\_

## Buyer's Information

Legal Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone No: \_\_\_\_\_

## INFORMATION ON THE PURCHASED ITEM

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payment in Form of \_\_\_\_\_ For the Sum of \_\_\_\_\_  
(Mode Of Payment) (Item's Value)

I hereby affirm that I the seller of the item described herein and the information provided in this Bill of Sale Form is true and correct to the best of my belief.

## Seller's Signature

Signature: \_\_\_\_\_

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

## Buyer's Signature

Signature: \_\_\_\_\_

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