IOWA GENERAL BILL OF SALE

1.	SELLER'S INFORMATION	
	Name:	
	Street Address:	
	City, State, Zip Code:	
	Telephone Number:	
	Email Address:	
2.	BUYER'S INFORMATION	
	Name:	
	Street Address:	
	City, State, Zip Code:	
	Telephone Number:	
	Email Address:	
3.	DESCRIPTION	
		(Seller's name) hereby agrees to sell, and
		(Buyer's name) hereby agrees to purchase
	the following property described bel	ow:



4. PURCHASE DATE, PURCHASE PRICE AND METHOD

The property identified in Paragraph 3 above shall be sold on the following date:							
, 20 (the "purchase date").							
The total purchase price of the property shall be: \$ U.S. Dollars, to be paid:							
\Box All at once on the above purchase date, when the purchase price shall be delivered to the Seller by Buyer, and the Seller will deliver the property to the Buyer.							
□ With a deposit made in the amount of \$ on							
, 20 (date), and the balance to be paid in full on							
, 20 (date).							
The purchase price shall be paid by (select one):							
□ Cash □ Check (check #:) □ Cashier's check □ Money Order							

5. MISCELLANEOUS PROVISIONS

The Seller confirms that he/she is the owner of the property described in Paragraph 3 with the right to sell it to the Buyer for the purchase price and method listed in Paragraph 4, and certifies that the information provided in this Bill of Sale is true, accurate, and complete to the best of his/her knowledge.

The Buyer and the Seller agree that the property described in Paragraph 3 above shall be sold by the Seller, and purchased by the Buyer, on an "as is" basis and in an "as is" condition, with no express or implied guarantees or warranties regarding the above-described property. The Buyer accepts all liability for the property as of the sale date.

This Bill of Sale constitutes the only agreement between the Buyer and the Seller, and all other agreements, whether express or implied, shall have no force and effect except as stated in this agreement.



6. SIGNATURES

Seller's Signature:	Date:	, 20
Printed Name:		
Buyer's Signature:	Date:	, 20
Printed Name:		
Witness Signature:	Date:	, 20
Printed Name:		



ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF IOWA)		
) ss		
COUNTY OF)		
On	before me, _		
		(insert name and title of the officer)	
personally appeared		, who proved to me on the	ıe
basis of satisfactory evidence	to be the person	(s) whose name(s) is/are subscribed to the with	in
		e/they executed the same in his/her/their authorize re(s) on the instrument the person(s), or the entit	
upon behalf of which the perso	on(s) acted, execu	uted the instrument.	•
I certify under PENALTY OF paragraph is true and correct.	PERJURY unde	er the laws of the State of Iowa that the foregoin	ıg
WITNESS my hand and offici	al seal.		
Signature		(seal)	



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