

VEHICLE SALES AGREEMENT

MAKE: _____ MODEL: _____ REGO: _____
 FULL NAME: _____ KM's: _____
 ADDRESS: _____
 PHONE NUMBER: _____
 EMAIL ADDRESS: _____
 LICENCE NUMBER: _____
 LICENCE EXPIRY: _____ LICENCE VERSION: _____

BANK ACCOUNT: - - -

I confirm the agreed amount of \$ _____ will be paid within 7 working days of car collection by **SD EUROPEAN** 177 Ellis Street, Frankton, Hamilton, this being full and final payment.

I also confirm that:

- I am the legal owner and fully empowered to sell it
- There is no security owing on the vehicle
- There are no fines or fees owing on the vehicle

SIGNATURES:

DATE: _____

NAME OF SELLER: _____

NAME OF BUYER: _____

OFFICE USE ONLY

	COMPLETED
PPSR CHECK	
CONFIRM REGISTERED PERSON CHECK	
PAYMENT NUMBER/TYPE	
OWNERSHIP TRANSFERRED	
CAR DEREGISTERED	
STOCK NUMBER	