ALASKA MOTOR VEHICLE BILL OF SALE

1. VEHICLE INFORMATION

Make:	Model:
Style / Body Type:	Year:
Color:	Odometer Reading:
VIN #:	
2. THE PARTIES	
Date of Sale:	(mm/dd/yyyy)
Buyer	
Name(s):	
Address:	
Phone #:	Email:
Seller	
Seller Name(s):	
Address:	
Phone #:	Email:

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3. PAYMENT

Transaction type (check one):		
☐ - OPTION 1 (PAYMENT)		
Buyer agrees to pay the follow	ing to the seller:	
\$		
☐ - OPTION 2 (GIFT)		
The Seller is giving the vehicle	as a gift to the Buyer. The vehicle's worth is:	
\$		
\square - OPTION 3 (TRADE-IN)		
Buyer agrees to pay the following to the seller:		
\$		
Buyer's trade-in vehicle is valu	ed at:	
\$		
If a trade-in, the following is the	e information of the traded-in vehicle:	
Trade-in Make:	Trade-in Model:	
Style / Body Type:	Year:	
VIN #:	Odometer Reading:	
Buyer agrees to pay Seller via the following (check one):		
□ - Cash □ - Check □ - Credit / Debit Card □ - Other		
Are taxes included in the purchase price? (ch	eck one):	
□ - Yes		
□ - No		
Additional Terms & Conditions (Optional):		

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4. ODOMETER DISCLOSURE STATEMENT

Federal law requires that you state the mileage	ge upon transfer of ownership. Failure to complete
this or providing a false statement may result	in fines and/or imprisonment.
	eller), state that the odometer reading shown est of my knowledge, and that it reflects the actual ss one of the following statements is checked:
	my knowledge the odometer reading reflects the
\square - I hereby certify that the odometer	reading is not the actual mileage.
5. SIGNATURES	
acknowledge that the Motor Vehicle is being	(mm/dd/yyyy) , the Buyer and Seller sold without any representations ("as-is") and that ability other than the details in this Bill of Sale.
Buyer Signature:	Printed Name:
Buyer Signature:	Printed Name:
Seller Signature:	Printed Name:
Seller Signature:	Printed Name:
Witness Signature 1:	Printed Name:
Witness Signature 2:	Printed Name:

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6. CERTIFICATE OF ACKNOWLEDGEMENT

STATE OF		
	_ County, ss.	
On	(mm/dd/yyyy)	before me appeared
		, who proved to me through
government issued photo i	dentification to be the above	-named person(s), in my presence
executed the foregoing ins	strument and acknowledged	that he/she/they executed the same as
his/her/their free act and de	eed.	
	No	etary Public
	Mι	commission expires:

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