SOUTH CAROLINA 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)
<u>Buyer</u>	
Name(s):	
Address:	
Phone #:	Email:
<u>Seller</u>	
Seller Name(s):	
Address:	
Phone #:	Email:

eSign Page 1 of 4

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 / Deb	it Card □ - Other		
Are taxes included in the purchase price? (ch	eck one):		
□ - Yes			
□ - No			
Additional Terms & Conditions (Optional):			

eSign Page 2 of 4

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:

eSign Page 3 of 4

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:

eSign Page 4 of 4