

WHOLESALE BILL OF SALE

DATE: _____

SELLER

MVDA REG# _____

NAME _____

ADDRESS _____

CITY/ PROV/ PC _____

TEL _____

TAX NUMBER _____

PURCHASER

MVDA REG# _____

NAME _____

ADDRESS _____

CITY/ PROV/ PC _____

TEL _____

TAX NUMBER _____

VEHICLE INFORMATION

YEAR	MAKE	MODEL	TRIM	FUEL TYPE	
STOCK #	VIN #	DISTANCE TRAVELLED			
DISCLOSURE/ COMMENTS:: VEHICLE REGISTRATION BRAND: <input type="checkbox"/> IRREPARABLE <input type="checkbox"/> REBUILT <input type="checkbox"/> SALVAGE <input type="checkbox"/> NONE				PRICE	
				TAX	
				LICENSING	
				TOTAL	

Lien search and history provided:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Out of Province vehicle? If yes, which Province: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Manufacturer's Original VIN.# checked:?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Vehicle from the USA? If yes, which State: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Original MFG warranty cancelled?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Has the vehicle had other damage and repair? If yes, explain: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Off Lease?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Total Write Off by an Insurer?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Odometer reading at time of appraisal: _____	
Theft recovery?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Odometer: replaced or rolled back?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Daily rental?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Odometer Faulty?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Taxi or limo?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Windshield damage?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fire damage?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Previous repairs over \$3,000.00?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Ambulance or Emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Total cost of all damages and repairs: \$ _____	
Water damaged?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Panels been replaced or painted?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Police cruiser?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the vehicle require repairs to suspension/subframe?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Anti-lock brakes inoperable?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Structurctural parts damaged, altered or replaced?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Air Bags Missing / inoperable?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Have the manufacturer's badges or decals been changed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pollution Control Inoperable?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Have the original production specifications been changed?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SELLER'S INFORMATION

Salesperson's Registration # _____

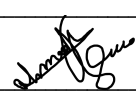
Full Name _____

Signature _____

PURCHASER'S INFORMATION

Salesperson's Registration # _____

Full Name _____

Signature  _____