

GemStar

Insurance

"Our Policy Is Serving You"

GemStar Insurance Bill of Sale
Phone (204) 889-6621
Fax (204) 855-6182

Date: _____
Broker Name: _____

I, _____ of _____
(Seller's Name) (Address of Seller)

have sold the vehicle stated in this agreement to:

_____ of _____
(Purchaser's Name) (Address of Purchaser)

for the sum of \$ _____ on _____
(Date Sold)

Vehicle Description

Year: _____ Make: _____ Model: _____

Serial #: _____ Current Odometer: _____

**** This vehicle is free of all liens and encumbrances. ****

(x) _____
(Seller's Signature) (Date)

(x) _____
(Purchaser's Signature) (Date)