

6919 Keystone Road, Richmond IL 60071

815-653-9374

www.mainstayfarm.org

Bill of Sale

Date:		
Seller's Name:		
Address:		
Phone:		
Purchaser's Name:		
Address:		·
Phone:		
In consideration of:	Dollars	
PAID IN FULL Seller hereby sells/tro	ansfers to purchaser the follo	owing described horse:
Name of Horse:	Age:	
Color:	Markings:	
Gender:	Size:	
Other identifying information:		
Seller hereby covenants that he/she is the horse, and that no other entity has a purchaser and intended to be paid by against lawful claims and demands of a	any claim or lien on the horse other the proceeds of this sale. Seller w	er than that fully disclosed to
The equine, as of the date of the agree or otherwise be placed into possession same outcome to occur.	•	_
Other Information:		
Executed this day:		
Signature of Seller:		
Signature of Buyer's Representati	ve:	