

**HST
COMPLIANT
FOR 2010**

The Only MVDA Compliant Used Vehicle BILL OF SALE

**DESIGNED FOR UCDA
MEMBERS SELLING
USED VEHICLES**

- HST Compliant
- Complete Customer Information
- Odometer Disclosure Statement
- Complete Vehicle Description Including Total Loss Branding
- Pre-printed OMVIC & CAMVAP Disclosure Statements
- "Sales Final" Statement
- Cost of Credit Disclosure
- "As Is" Disclosure
- Privacy Statement
- Exact Odometer Disclosure

**DESIGNED TO
WORK WITH
UCDA'S APPRAISAL
& CUSTOMER
DISCLOSURE
PROCESS COMPLIANT
WITH NEW MVDA**

© UCDA Used Car Dealers Association of Ontario 2010 Telephone: Toronto (416) 231-2600 Toll Free Ontario: 1-800-268-2598 or Fax: (416) 232-0775

**UCDA USED VEHICLE
BILL OF SALE**

PURCHASER'S INFORMATION				VEHICLE INFORMATION			
PURCHASER'S NAME: FIRST MIDDLE INITIAL LAST				YEAR	MAKE	MODEL	TRIM LEVEL
PURCHASER'S ADDRESS				STOCK #	COLOUR		
CITY/TOWN PROVINCE POSTAL CODE				V.I.N. #	DISTANCE TRAVELLED: <input type="checkbox"/> KMS. <input type="checkbox"/> MILES		
HOME TELEPHONE No. BUSINESS TELEPHONE No.				<input type="checkbox"/> DISTANCE UNKNOWN (if unknown check one of the following) <input type="checkbox"/> Vehicle had travelled _____ as of _____ <input type="checkbox"/> True distance travelled believed to be higher <input type="checkbox"/> Actual distance travelled may be substantially higher than odometer reading.			
DRIVER'S LICENCE No. EXPIRY DATE				MFR'S WARRANTY IN-SERVICE DATE	DELIVERY DATE	DETAILS OF DELIVERY	
E-MAIL ADDRESS				THE VEHICLE WILL BE DELIVERED WITH A SAFETY STANDARDS CERTIFICATE <input type="checkbox"/> YES <input type="checkbox"/> NO		DAILY RENTAL <input type="checkbox"/> MTO BRAND _____	
INSURANCE INFORMATION		DEALER GUARANTY		TERMS OF SETTLEMENT			
NAME OF INSURANCE COMPANY		IS THERE A DEALER GUARANTY ON THIS VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		SELLING PRICE			
POLICY No. EXPIRY DATE		IF YES, COMPLETE THIS SECTION.		EXTENDED WARRANTY			
INSURANCE AGENT & PHONE No.		_____ DAYS OR _____ KM (WHICHEVER COMES FIRST)		RETAIL VALUE IF INCLUDED IN VEHICLE SELLING PRICE \$ _____			
VEHICLE TO BETRADED-IN				SUB-TOTAL			
YEAR	MAKE	MODEL	TRIM LEVEL	DISCOUNT TRADE-IN ALLOWANCE (IF ANY)			
V.I.N. #	EXACT DISTANCE THAT THE VEHICLE HAS TRAVELLED <input type="checkbox"/> KMS. <input type="checkbox"/> MILES			NET DIFFERENCE			
H.S.T. REGISTRANT / REGISTRATION No. _____				HST REGISTRANTS ONLY H.S.T. ON SUB-TOTAL			
IS THERE A LIEN AGAINST THIS VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO				HST NON-REGISTRANTS ONLY H.S.T. ON NET DIFFERENCE			
LIEN HOLDER _____ AMOUNT \$ _____				LICENCE FEE			
COMMENTS				GASOLINE			
Identify any items, inducements or specific repairs included in the sale price and indicate retail value of items or inducements				PAYOUT LIEN ON TRADE-IN			
TERMS OF FINANCING				HST REGISTRANTS ONLY DEDUCT H.S.T. PAYABLE ON TRADE-IN			
AMOUNT OF PAYMENTS		NO. OF PAYMENTS		SUB-TOTAL			
PAYMENTS START ON		CREDIT APPROVAL		PAYABLE ON DELIVERY (CERTIFIED FUNDS ONLY)			
CUSTOMER HAS RECEIVED THE FINANCING DISCLOSURE STATEMENT FROM THE LENDING INSTITUTION				DEPOSIT: <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD			
WILL THE DEALER OR SALESPERSON RECEIVE ANY INCENTIVE FOR THE FINANCING OF THIS VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO				INSURANCE: <input type="checkbox"/> LIFE <input type="checkbox"/> LOSS OF INC.			
PURCHASER'S INITIALS _____				INSURANCE: <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER			
PRIVACY STATEMENT				R.S.T. ON INSURANCE			
By signing this contract you consent to the dealer contacting you in the future and to the sharing of information with associated businesses so that they may provide you with timely information about their services. You may withdraw your consent in writing at any time.				LIEN REGISTRATION FEE			
SALESPERSON SIGNATURE				BALANCE FINANCED SUBJECT TO APPROVAL			
SALESPERSON'S NAME (PLEASE PRINT)		REGISTRATION NO.		NET AMOUNT TO BE FINANCED			
SALESPERSON'S SIGNATURE		Purchaser's Initials _____		COST OF BORROWING _____ %			
VENDOR'S ACCEPTANCE				TOTAL BALANCE DUE \$ _____			
DEALER REGISTRATION No.		NAME OF OFFICIAL (PLEASE PRINT)		SALES FINAL Please review the entire contract, including all attached statements, before signing. This contract is final and binding once you have signed it, unless the motor vehicle dealer has failed to comply with certain legal obligations.			
ACCEPTOR'S REGISTRATION No.		TITLE		Purchaser's Signature _____			
DATE		ACCEPTOR'S SIGNATURE		Co-Signer's Name (Print) _____			
THIS OFFER IS NOT BINDING UNLESS ACCEPTED BY VENDOR.				Co-Signer's Signature _____			

© UCDA Used Car Dealers Association Of Ontario 2010 32590/40297 WHITE - DEALER CANARY - CUSTOMER PINK - SALESPERSON

32639



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Used Vehicle Bill of Sale ORDER FORM

SOLD TO:

MEMBER NAME _____

ADDRESS _____ CITY _____ POSTAL CODE _____

CONTACT NAME _____ TELEPHONE # _____ FAX # _____

METHOD OF PAYMENT:
 CHEQUE VISA MASTERCARD
 INVOICE ME

CREDIT CARD INFORMATION
 NAME ON CARD _____
 CARD # _____
 EXPIRY DATE _____

UCDA MEMBER # _____

SHIP TO (IF DIFFERENT THAN ADDRESS ABOVE):

PRICING

IMPRINTED

- 250 \$ 85.00 _____
- 500 \$ 120.00 _____
- 1,000 \$ 205.00 _____

ONE TIME SET-UP COST \$ 25.00
(Not payable on subsequent orders)

CUSTOM IMPRINTING

Additional information to be imprinted will be charged at \$10.00 per line.

LOGO

(One time only cost) Add \$30.00 A good clean copy of your logo is required.

NON-IMPRINTED

- 100 \$ 30.00 _____
- 200 \$ 47.00 _____

SHIPPING ... All Orders \$ 10.00

SubTotal \$ _____

Add 13% HST \$ _____

Grand Total \$ _____

IMPRINTED FORMS INFORMATION:

PRINT CLEARLY: The information you give is what will appear on your order.

IMPRINTED FORMS CAN INCLUDE: Your Dealership Name, Address, Telephone, Fax, HST # and Dealer #.

"CUSTOM IMPRINTING": ADDITIONAL IMPRINTED INFORMATION WILL BE CHARGED AT \$10.00 PER LINE. PLEASE SUPPLY COPY ON SEPARATE PAGE.

LEGAL NAME (IF CORPORATION) _____

TRADE STYLE (FOR ALL DEALERS): _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____ ADMINISTRATION FEE: _____

DEALER #: _____ TEL #: _____ FAX #: _____ GST#: _____

NON-MEMBERS

YES! I would like to become a UCDA member. Please sign me up via Credit Card (VISA or MasterCard) or enclosed Cheque. I am aware the total, annual fee is just \$226.00 (\$200.00 + \$26.00 HST).