

Proven Dealer Protection Used Vehicle BILL OF SALE

**#1
BEST
SELLER**

**DESIGNED FOR UCDA
MEMBERS SELLING
USED VEHICLES**

- Recall Clause
- 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
- OMVIC Compliant

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

37803 USED

Telephone: Toronto (416) 231-2600 Toll Free Ontario: 1-800-268-2598

**UCDA USED VEHICLE
BILL OF SALE**

PURCHASER'S INFORMATION		VEHICLE INFORMATION			
PURCHASER'S NAME FIRST MIDDLE INITIAL LAST	YEAR MAKE MODEL TRIM LEVEL COLOUR STOCK #				
PURCHASER'S ADDRESS	V.I.N. #	DISTANCE TRAVELLED <input type="checkbox"/> KMS. <input type="checkbox"/> MILES <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.			
CITY/TOWN PROVINCE POSTAL CODE	DATE OF DELIVERY	MTO BRAND			
HOME TELEPHONE No. BUSINESS TELEPHONE No.	EXPIRY DATE	THE VEHICLE WILL BE DELIVERED WITH A SAFETY STANDARDS CERTIFICATE <input type="checkbox"/> YES <input type="checkbox"/> NO			
DRIVER'S LICENCE No. EXPIRY DATE		DAILY RENTAL <input type="checkbox"/>			
E MAIL ADDRESS					
INSURANCE INFORMATION		DEALER GUARANTY		SALES OF SETTLEMENTS	
NAME OF INSURANCE COMPANY	IS THERE A DEALER GUARANTY ON THIS VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, COMPLETE THIS SECTION.		SELLING PRICE	
POLICY NO. EXPIRY DATE	DAYS OR KM (WHICHEVER COMES FIRST)	EXTENDED WARRANTY		EXTENDED WARRANTY	
INSURANCE AGENT & PHONE NO.	DESCRIPTION				
VEHICLE TO BE TRADED-IN		IS THERE AN EXTENDED WARRANTY ON THIS VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		SUB-TOTAL	
YEAR MAKE MODEL TRIM LEVEL COLOUR	EXACT DISTANCE THAT THE VEHICLE HAS TRAVELLED <input type="checkbox"/> KMS. <input type="checkbox"/> MILES	TAIL VALUE		NET DIFFERENCE	
V.I.N. #	H.S.T. REGISTRANT / REGISTRATION No.	VEHICLE SELECTION PRICE \$		HST REGISTRANTS ONLY H.S.T. ON SUB-TOTAL	
	IS THERE A LIEN AGAINST THIS VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	AMOUNT \$		HST NON-REGISTRANTS ONLY H.S.T. ON NET DIFFERENCE	
	LIEN HOLDER	AMOUNT \$		LICENCE FEE	
COMMENTS		TERMS OF FINANCING		GASOLINE	
Identify any items, inducements or specific repairs and indicate retail value of items.		AMOUNT OF PAYMENTS NO. OF PAYMENTS		PAYOUT LIEN ON TRADE-IN	
		PAYMENTS START ON CREDIT APPROVAL		HST REGISTRANTS ONLY DEDUCT H.S.T. PAYABLE ON TRADE-IN	
		CUSTOMER HAS RECEIVED THE FINANCING DISCLOSURE STATEMENT FROM THE LENDING INSTITUTION.		SUB-TOTAL	
		WILL THE DEALER OR SALESPERSON RECEIVE ANY INCENTIVE FOR THE FINANCING OF THIS VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		DEPOSIT: <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD	
		PURCHASER'S INITIALS _____		PAYABLE ON DELIVERY (CERTIFIED FUNDS ONLY)	
IN ORDER TO BE IN COMPLIANCE WITH THE CURRENT AND FUTURE RECALLS YOU SHOULD REGISTER THE VEHICLE WITH THE MANUFACTURER.		MANUFACTURER PARTICIPATES IN CANADIAN MOTOR VEHICLE ARBITRATION PLAN (CAMVAP) <input type="checkbox"/> YES <input type="checkbox"/> NO		NET AMOUNT TO BE FINANCED	
CAMVAP STATEMENT ON REVERSE (NOT ALL VEHICLES QUALIFY)		PRIVACY STATEMENT		COST OF BORROWING %	
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.		TERMS OF THE CONTRACT		TOTAL BALANCE DUE \$	
SALESPERSON SIGNATURE		VEHICLE SOLD "AS IS": The motor vehicle sold under this contract is being sold "as-is" and is not represented as being in roadworthy condition, mechanically sound or maintained at any guaranteed level of quality. The vehicle may not be fit for use as a means of transportation and may require substantial repairs at the purchaser's expense. It may not be possible to register the vehicle to be driven in its current condition.		R.S.T. ON INSURANCE	
SALESPERSON'S NAME (PLEASE PRINT) REGISTRATION NO.	If this space is not initialed, this clause does not form part of this agreement.		LIEN REGISTRATION FEE		
SALESPERSON'S SIGNATURE	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.		BALANCE FINANCED SUBJECT TO APPROVAL		
VENDOR'S ACCEPTANCE		YOU ACKNOWLEDGE HAVING READ ALL THE TERMS OF THE CONTRACT, INCLUDING THOSE ON THE REVERSE AND ON ATTACHED PAGES. YOU UNDERSTAND THESE TERMS MAKE UP THE ENTIRE CONTRACT.		NET AMOUNT TO BE FINANCED	
DEALER REGISTRATION No. NAME OF OFFICIAL (PLEASE PRINT)	Purchaser's Signature _____		COST OF BORROWING %		
ACCEPTOR'S REGISTRATION No. TITLE	Co-Signer's Name (Print) _____		TOTAL BALANCE DUE \$		
DATE ACCEPTOR'S SIGNATURE	Co-Signer's Signature _____				
THIS OFFER IS NOT BINDING UNLESS ACCEPTED BY VENDOR.					

© UCDA Used Car Dealers Association Of Ontario

40304



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Used Vehicle Bill of Sale ORDER FORM

SOLD TO:

MEMBER NAME: _____ MEMBER #: _____

CONTACT NAME: _____ EMAIL ADDRESS: _____

TELEPHONE #: _____ CELL #: _____ FAX #: _____

SHIP TO (IF DIFFERENT THAN ADDRESS BELOW): _____

METHOD OF PAYMENT: CREDIT CARD INFORMATION

VISA MASTERCARD CARD #: _____

CHEQUE NAME ON CARD: _____

INVOICE ME EXPIRY DATE: _____ 3-DIGIT CVV CODE (on back of card): _____

IMPRINTED FORMS INFORMATION:

PRINT CLEARLY: The information you give is what will appear on your order.
IMPRINTED FORMS 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 / BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

DEALER #: _____ TEL #: _____ FAX #: _____ HST#: _____

PRICING

IMPRINTED

- 250 \$ 95.00 _____
- 500 \$ 125.00 _____
- 1,000 \$ 225.00 _____

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

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. \$ _____

E-mail logo to logo@ucda.org

NON-IMPRINTED

- 100 \$ 30.00 _____
- 200 \$ 45.00 _____

SHIPPING ... All Orders \$ 15.00

SubTotal \$ _____

Add 13% HST \$ _____

Grand Total \$ _____

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 \$259.90 (\$230.00 + \$29.90 HST).