

Sale of Secondhand Property Registration Form

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|---|----------------------|--|---|
| Seller's Name | | Date of Birth | |
| Seller's Street Address, City, State, and Zip | | | |
| Seller's Phone | | Date & Time Sale Made | |
| Drivers License # (or another photo ID) | | Expiration Date | |
| Store Name | | Store Phone | |
| Street Address | Broomfield, CO 80020 | | |
| You are giving a Security Interest in the following goods. Description of Pledged Goods (including color, condition, any trademark, identification number, serial number, model number, brand name, or other identifying mark): | | Legible Right Index Fingerprint | |
| | | | |
| PLEASE PRINT THIS FORM THEN COMPLETE THE FOLLOWING SECTIONS IN WRITING | | | |
| Are you the rightful owner of said property? | Yes | No | <u>Legal Information</u> I am the sole and exclusive owner of the property that is the subject of this transaction and have the right to sell it. By signing, I agree to all terms and conditions as provided by the store and acknowledge receipt of a copy of this ticket. |
| Did you or someone else find this property? | Yes | No | |
| How long have you owned this property? | | | |
| Seller's Signature | | | |