



European Autospares Limited
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Phone +64 9 262 3752
Fax +64 9 262 3641
Website – <http://www.europart.co.nz>
Email – sales@europart.co.nz

Date: _____

Car Details

Model: _____

Year: _____

Registration No: _____

Chassis No: _____

I _____ sell the above vehicle to European Autospares Limited and accept \$_____ as full and final payment. I declare that the ownership and title to the vehicle is presently held in the following name: _____.

I further declare that there is no money owed to any other person on this vehicle and that I/we have full right and title to sell the vehicle.

Phone Number: _____

Street Address: _____

City, Postcode: _____

Date of Birth: _____

Vendor Signature: _____

Photo ID (Attach copy of either)

Drivers License No: _____ OR Passport No: _____

Select Payment Type: Direct Credit **OR** Cheque

Direct Credit Details:

Bank Account No: _____

Name of Account: _____

Office Use Only

Car Number: _____

ID Verification: _____