

Fairport Federal Credit Union

70 South Main Street

Fairport, New York 14450

Tel: (585) 223-9151

Fax: (585) 425-7253

To: FAIRPORT FEDERAL CREDIT UNION

Re: Purchase of Used Vehicle

Year: _____

Make: _____

Body Type: _____

VIN #: _____

Additions: _____

Selling Price: \$ _____

Deposit Held: \$ _____

Balance Due: \$ _____

Sellers Name
and Address: _____

Lien holder information: _____

(if applicable)

Upon receipt of "Payment in Full," I agree to provide the buyer with the "Title" and "Certificate of Recorded Lien Release," showing that any and all Liens against the above mentioned vehicle have been "Paid in Full."

Signature of Seller: _____

Buyer agrees that the above mentioned vehicle and amounts as indicated are true.

Signature of Buyer: _____