Website: <u>4u2inc.com</u>



Email: 4u2inc123@gmail.com

## **4U2 Inc. BILL OF SALE**

| Section 1                                                                                                |                                            |                    |                  |             | <u> </u>        |  |  |  |  |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------|------------------|-------------|-----------------|--|--|--|--|
| SELLER(S) INFORMATION                                                                                    |                                            |                    |                  |             |                 |  |  |  |  |
| Name(s) (Last, fi                                                                                        | Name(s) (Last, first, second)  Telephone N |                    |                  | hone Number |                 |  |  |  |  |
|                                                                                                          |                                            |                    |                  |             |                 |  |  |  |  |
| Address                                                                                                  |                                            | City/Town/Other    | Province/State/C | Other       | Postal Code/Zip |  |  |  |  |
|                                                                                                          |                                            |                    |                  |             | Code/Other      |  |  |  |  |
|                                                                                                          |                                            |                    |                  |             |                 |  |  |  |  |
| Personal Identification                                                                                  |                                            |                    |                  |             |                 |  |  |  |  |
|                                                                                                          |                                            |                    |                  |             |                 |  |  |  |  |
|                                                                                                          |                                            |                    |                  |             |                 |  |  |  |  |
| ITEM INFORMATION                                                                                         |                                            |                    |                  |             |                 |  |  |  |  |
| Description of Item(s) – Please include Serial Number, Color and all other pertinent information of item |                                            |                    |                  |             |                 |  |  |  |  |
|                                                                                                          |                                            |                    |                  |             |                 |  |  |  |  |
|                                                                                                          |                                            |                    |                  |             |                 |  |  |  |  |
|                                                                                                          |                                            |                    |                  |             |                 |  |  |  |  |
|                                                                                                          |                                            |                    |                  |             |                 |  |  |  |  |
|                                                                                                          |                                            |                    |                  |             |                 |  |  |  |  |
|                                                                                                          |                                            |                    |                  |             |                 |  |  |  |  |
|                                                                                                          |                                            |                    |                  |             |                 |  |  |  |  |
|                                                                                                          |                                            |                    |                  |             |                 |  |  |  |  |
|                                                                                                          |                                            |                    |                  |             |                 |  |  |  |  |
|                                                                                                          |                                            |                    |                  |             |                 |  |  |  |  |
|                                                                                                          | DLIVE                                      | D/C) INICODNANTIC  | NAI .            |             |                 |  |  |  |  |
| BUYER(S) INFORMATION                                                                                     |                                            |                    |                  |             |                 |  |  |  |  |
| Name(s) ( <i>Last, fi</i>                                                                                | rst, second)                               |                    | leiep            |             | hone Number     |  |  |  |  |
| Email Address                                                                                            |                                            |                    |                  |             |                 |  |  |  |  |
| Elliali Address                                                                                          |                                            |                    |                  |             |                 |  |  |  |  |
| Address                                                                                                  |                                            | City/Town/Other    | Province/State/C | Other       | Postal Code/Zip |  |  |  |  |
| Address                                                                                                  |                                            | City, lowin, other |                  |             | Code/Other      |  |  |  |  |
|                                                                                                          |                                            |                    |                  |             | Code/ Other     |  |  |  |  |
| Personal Identifi                                                                                        | cation                                     |                    |                  |             |                 |  |  |  |  |
|                                                                                                          |                                            |                    |                  |             |                 |  |  |  |  |
| The Item is pote                                                                                         | ntially sold for the sum of:               |                    |                  |             |                 |  |  |  |  |
| •                                                                                                        | •                                          |                    |                  |             |                 |  |  |  |  |
|                                                                                                          |                                            | . \$US             | \$CA             | AD          |                 |  |  |  |  |
|                                                                                                          |                                            |                    |                  |             |                 |  |  |  |  |
|                                                                                                          |                                            |                    |                  |             |                 |  |  |  |  |
| Dollars \$                                                                                               |                                            | \$US               | \$CAD            |             |                 |  |  |  |  |
|                                                                                                          | (Sum written in full)                      |                    |                  |             |                 |  |  |  |  |
| Payment Placed into 4U2 Inc. "In Trust" Account:                                                         |                                            |                    |                  |             |                 |  |  |  |  |
| (Subject to the terms and special conditions which appear in Section 3 on the back of this form)         |                                            |                    |                  |             |                 |  |  |  |  |
|                                                                                                          |                                            |                    |                  |             |                 |  |  |  |  |

| GENERAL INFORMATION |                                                                                                                                                                                     |                                  |                      |  |  |  |  |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------|--|--|--|--|
|                     | d at<br>City/Town/Other                                                                                                                                                             | Province/State/Other             | Country              |  |  |  |  |
| On (                | D/M/Y)<br>Day /Month /Year                                                                                                                                                          |                                  |                      |  |  |  |  |
| I cert              | ify that all information shown above is true to t                                                                                                                                   | the best of my knowledge.        |                      |  |  |  |  |
|                     | Signature of Buyer                                                                                                                                                                  |                                  | Signature of Buyer   |  |  |  |  |
|                     | Signature of Buyer                                                                                                                                                                  |                                  | Signature of Buyer   |  |  |  |  |
|                     | Signature of Witness                                                                                                                                                                |                                  | Signature of Witness |  |  |  |  |
|                     | SPECIAL                                                                                                                                                                             | CONDITIONS OF SALE               |                      |  |  |  |  |
| 1.                  | The item(s) described on the front of this form is: (check the appropriate box(es)                                                                                                  |                                  |                      |  |  |  |  |
|                     | a) Free of all liens and encumbrances: $\Box$ Ye                                                                                                                                    | es 🗆 No                          |                      |  |  |  |  |
|                     | If No, Please give names contact of lien ho                                                                                                                                         | olders:                          |                      |  |  |  |  |
|                     | Being paid for in full:: ☐ Yes ☐ No                                                                                                                                                 |                                  |                      |  |  |  |  |
| Bein                | g paid by:   Cash   Cheque   Money Ord                                                                                                                                              | der Dother (please specify):     |                      |  |  |  |  |
| 2.                  | 2. Payment Terms (at time of Order):                                                                                                                                                |                                  |                      |  |  |  |  |
|                     | ALL PAYMENTS PLACED INTO "4U2 Inc. In Trus                                                                                                                                          | t Account"                       |                      |  |  |  |  |
| 3.                  | Special Conditions of sale (if any):                                                                                                                                                |                                  |                      |  |  |  |  |
|                     |                                                                                                                                                                                     |                                  |                      |  |  |  |  |
| <u> </u>            |                                                                                                                                                                                     |                                  |                      |  |  |  |  |
| The unde            | AND SELLER DISCLOUSURE ersigned Seller affirms that the above information a ersigned Buyer accepts receipt of this bill of sale a " condition with no guarantees or warranties, eit | nd understands that the above Pe |                      |  |  |  |  |
| Seller's Signature  |                                                                                                                                                                                     | Date:                            |                      |  |  |  |  |
| Print Na            | me:                                                                                                                                                                                 |                                  |                      |  |  |  |  |
| Buyers Signature:   |                                                                                                                                                                                     | Date:                            |                      |  |  |  |  |

Print Name: \_\_\_\_\_