SALES INVOICE

Name:	
Address:	
City:	**State:** **Zip:**
Home #:	**Work #:**

DUCATI SEATTLE, LLC
711 NINTH AVENUE NORTH
SEATTLE, WA 98109 – USA
TEL: 206.298.9995
FAX: 206.357.2822
E MAIL: look@ducatiseattle.com
WEB: www.ducatiseattle.com

NEW	USED	COLOR	SALESMAN	DATE

QTY	YEAR	MAKE	MODEL	V.I.N.	ENGINE #		
					Parts		$0.00
					Labor		$0.00
				Service Contract			$0.00
				Pre Paid Maintenance (PPM)			$0.00
				Documentation Fee			50.00

Sub Total	$7,813.00
State Sales Tax	$0.00
License	$0.00
Sub Agent	$0.00
	$0.00
TOTAL	$7813.00

TRADE IN

Qty.	Year	Make	Model	V.I.N.	Lien Holder

MILEAGE

PAY OFF * $0.00

GOOD THRU

FORM OF PAYMENT

Deposit	$7813.00
Trade In	$0.00
Pay Off Balance	$0.00
Total Down	$7,813.00
Balance to Finance	$0.00

* I agree that if my trade in payoff is greater than stated here, I will reimburse dealer the difference.

Approved by: _____

Custome

RECIEPT OF A FILLED IN COPY OF THIS AGREEMENT IS HEREBY ACKOWLEDGED BY PURCHASER