

M/H SALES QUESTIONNAIRE

ACCOUNT #: _____

SELLER'S NAME: _____

SELLER'S MAILING ADD: _____

SELLER'S PHONE #: _____

DATE M/H SOLD: _____

PHYSICAL LOCATION OF M/H: _____

WAS M/H MOVED FOR THIS SALE: _____

IF YES: NEW LOCATION ADDRESS: _____

LABEL/SEAL #: _____

BUYER'S NAME: _____

BUYER'S MAILING ADD: _____

BUYER'S PHONE #: _____