



1600 Medical Drive ♦ Pottstown, Pa 19464  
(610) 326-5490 ♦ (800) 593-1000  
Fax (484) 949-2303

## PRIVATE PURCHASE AGREEMENT

### Description of Motor Vehicle:

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Mileage \_\_\_\_\_ Vin# \_\_\_\_\_

Purchase Price \$ \_\_\_\_\_

Title is free & clear       Vehicle is currently financed

Title held by: \_\_\_\_\_

### Purchaser/Borrower:

Member Name \_\_\_\_\_ Loan # \_\_\_\_\_

### Seller:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

By signing this document, purchaser/borrower acknowledges responsibility to contact an authorized state facility within **48 hours** of the loan closing to complete the transfer of title on the above vehicle from seller's name to purchaser's name. **Diamond Credit Union must be listed as 1<sup>st</sup> lienholder on the title.**

A copy of the paperwork completing the transfer can be faxed to the Loan Funding department at 484-949-2303.

Borrower \_\_\_\_\_ Date \_\_\_\_\_

Borrower \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_