Letter of Intent (Business)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[Your Name]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[Street Address]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[City, Zip]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[Email Address]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[Today’s Date]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[Name of Recipient]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[Title]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[Company]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[Address]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[City, Zip]

RE: Letter of intent

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[Name of Recipient]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“the Seller”), for and in consideration of the sum of dollars  [($ AMOUNT OF MONEY)] represent and warrant the intention to reach an agreement with  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“the Buyer”), to acquire the  [Goods/Services/Object of the letter].

The Payment will be paid in \_\_\_\_\_\_\_[Purchase terms] not later than \_\_\_\_\_\_\_[Agreed day of payment].

This letter represents the mutual consent of The Parties to carry out a legitimate agreement that shall be considered **[binding/non-binding]** and shows the intention of both Parties to negotiate in good faith. After the execution of this document, another formal agreement may be written to the benefit of the Parties.

The Purchase Price must be made at the time of signing **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[This Letter of Intent/another formal agreement]**.

This Letter of Intent will be governed by the law of the State of \_\_\_\_\_\_\_\_\_\_[STATE JURISDICTION].

IN WITNESS WHEREOF, Seller and Buyer have executed this bill of sale dated the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_.

The SELLER:                                                                             The BUYER:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                                   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_