

Clear Form

Welcome Home**SALES AGREEMENT**

Date: 07/30/2022

Home Consultant Name:
Jordan Crawford

License No:

Phone #:
(352) 214-9691

Buyer(s): Cathryn Byce

Joseph Thomas

Address: 13811 SW 143rd Street, Archer FL 32618

Delivery Address: 565 SW Explorer Glen, Fort White FL 32038

Home Info

Make: CMH Waycross

Model: Sydney

Serial #: TBD **WHC 029395GA**

Year: 2022

Size: Length: 76 Width: 16

Stock #: TBD

☒ New ☐ Used**Trade Info**

Make:

Model:

Serial #:

Year:

Size: Length: Width:

Title #:

Owed to:

Amount owed will be paid by: ☐ Buyer ☐ Seller**Pricing**

Home Price	96,700.00
State Tax	
Local Tax	

Cash Price	\$ 96,700.00
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Total Package Price	\$ 96,700.00
Trade Allowance	
Less Amount Owed	
Trade Equity	
Cash Down Payment	2,500.00
Less All Credits	2,500.00
Remaining Balance	\$ 94,200.00

Responsibilities

Seller

Responsibilities: Initial Deposit Sales Agreement - Home, delivery and setup, HVAC, dirt pad - Site Visit Required

Buyer

Responsibilities: Call to create power and utility accounts. Power ran to the meter box. Mailbox and numbers.

Options: Buyer to remove any endangered species.

Acknowledgment

New Manufactured Homes meet federal standards for design and construction, but may not meet local codes and standards.

Buyer(s) agree: (1) that the terms and conditions on pages two and three are part of this agreement; (2) to purchase the above home including the options; (3) that they acknowledge receiving a completed copy of this agreement; (4) that all promises and representations made are listed on this agreement; and (5) that there are no other agreements, written or verbal, unless evidenced in writing and signed by the parties.

DocuSigned by:

Signature of Buyer:

8/1/2022

Date

DocuSigned by:

Signature of Buyer:

8/1/2022

Date

Signature of Buyer:

Date

Signature of Buyer:

Date

Seller: Clayton Homes of Chiefland #1114

Dylan & Liz Brizendine
Manager's Name

Date

Home Consultant Signature

Clayton - Bryce

License Number: IH / 1122397 / 1 Name: ROY HARVEY

Order #: 5445	Label #: 91375	Manufacturer:	(Check Size of Home)
Homeowner:		Year Model:	Single _____
Address:		Length & Width:	Double _____
			Triple _____
City/State/Zip:		Type Longitudinal System:	HUD Label #:
Phone #:		Type Lateral Arm System:	Soil Bearing / PSF:
Date Installed:		New Home: _____ Used Home: _____	Torque Probe / in-lbs:
Installed Wind Zone:		Data Plate Wind Zone:	Permit #:
Note:			

STATE OF FLORIDA
INSTALLATION CERTIFICATION LABEL

91375

LABEL #

DATE OF INSTALLATION

ROY HARVEY

NAME

IH / 1122397 / 1

5445

LICENSE #

ORDER #

CERTIFIES THAT THE INSTALLATION OF THIS MOBILE HOME IS
IN ACCORDANCE WITH FLORIDA STATUTES 320.8249, 320.8325
AND RULES OF THE HIGHWAY SAFETY AND MOTOR VEHICLES.

INSTRUCTIONS

PLEASE WRITE DATE OF
INSTALLATION AND AFFIX
LABEL NEXT TO HUD LABEL.
USE PERMANENT INK PEN
OR MARKER ONLY.
COMPLETE INFORMATION
ABOVE AND KEEP ON FILE
FOR A MINIMUM OF 2 YEARS.
YOU ARE REQUIRED TO
PROVIDE COPIES WHEN
REQUESTED.