

# FR/BAR CONTRACTS & RIDERS

## FOR THE SALE AND PURCHASE OF RESIDENTIAL PROPERTY

Approved by The Florida Bar, Real Property, Probate & Trust Law Section and The Florida Realtors

- \_\_\_\_\_ Set(s) of 10 FR/BAR CONTRACTS (Revised April 2017) \$50.00 per set
- \_\_\_\_\_ Set(s) of 10 FR/BAR "AS IS" CONTRACTS (Revised April 2017) \$50.00 per set
- \_\_\_\_\_ Package(s) of FR/BAR COMPREHENSIVE RIDERS (Revised October 2017) \$50.00 per package  
*(a package is ten copies of each rider listed below)*

Condominium Rider  
 Homeowners' Association/Community Disclosure  
 Seller Financing (Purchase Money Mortgage; Security Agreement to Seller)  
 Assumption of Existing Mortgage(s)  
 Federal Housing Administration (FHA)/U.S. Department of Veterans Affairs (VA)  
 Appraisal Contingency  
 Short Sale Approval Contingency  
 Homeowner's/Flood Insurance  
 Interest-Bearing Account  
 "As Is"  
 Right to Inspection and Right to Cancel  
 Defective Drywall  
 Coastal Construction Control Line  
 Insulation Disclosure for New Residence

Lead-Based Paint Disclosure (Pre-1978 Housing)  
 Housing for Older Persons  
 Rezoning Contingency  
 Lease Purchas/Lease Option  
 Pre-Closing Occupancy by Buyer  
 Post-Closing Occupancy by Seller  
 Sale Of Buyer's Property  
 Back-Up Contract  
 Kick Out Clause  
 Sellers's Attorney Approval  
 Buyer's Attorney Approval  
 Licensee Disclosure of Personal Interest in Property  
 Binding Arbitration

Order Sub-Total	\$	
Sales Tax 6.5%	\$	
Shipping & Handling	\$	9.00
<b>TOTAL</b>	<b>\$</b>	

Firm: \_\_\_\_\_  
 Attn: \_\_\_\_\_ Attorney Bar #: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ (WILL NOT DELIVER TO P.O. BOX)  
 City/State/Zip: \_\_\_\_\_

PLEASE CIRCLE ONE: **COMMERCIAL** or **RESIDENTIAL** Address

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Mail this form with check to the address listed above or include credit card information and fax. VISA or MasterCard ONLY.

\$ _____	_____ / _____	_____	_____	_____
Charge	Card Number	Exp. Date	CODE	Signature of Cardholder

Credit card billing address (If different from shipping address above)	Printed Name of Cardholder
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Check # \_\_\_\_\_ \$ \_\_\_\_\_ Authorization Date \_\_\_\_\_ / \_\_\_\_\_ /2018 # \_\_\_\_\_

SHIP DATE \_\_\_\_\_ / \_\_\_\_\_ /2018 LB \_\_\_\_\_ \$ \_\_\_\_\_ # \_\_\_\_\_ January 2018 OFFICE