



DEPARTMENT OF FINANCIAL SERVICES

Division of Rehabilitation and Liquidation
www.floridainsurancereceiver.org

BILL OF SALE

The Florida Department of Financial Services - P. O. Box 110, Tallahassee, Florida 32302-0110, Receiver for: _____

In consideration of: \$ _____ (_____) paid, sells to: _____ the following goods:

This property is sold **“as is”**. There are **no warranties, express or implied**, that extend beyond the description on the face hereof. The item sold will need to be picked up in _____, Florida by: _____ [date]. A non-refundable deposit of \$ _____ was received on _____, 200__. The balance due to be paid prior to _____ [date] and pick up of item sold.

Agreement to sale and purchase as stated above is hereby acknowledged:

Dated this _____ day of _____, 200__

Deputy Receiver on behalf of the Receiver: _____ Print name: _____

Purchaser: _____ Print name: _____

Receipt of delivery of the above listed goods is hereby acknowledged:

Date: _____ day of _____, 200__

Deputy Receiver on behalf of the Receiver: _____ Print name: _____

Purchaser: _____ Print name: _____