

BILLING INFORMATION FORM
PAYMENTS FOR LEASE NO. _____

Lessee Name: _____

Management Co.: _____

Billing/Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Billing Contact Person: _____

Telephone Number: (_____) _____
Area Code

Fax Number: (_____) _____
Area Code

E-Mail Address: _____

Facility Address: _____

City: _____ State: _____ Zip Code: _____

SALES TAX CERTIFICATION/EXEMPTION

Six percent (6%) sales tax is due on each lease fee payment unless the Lessee can claim an ownership exemption. I/We are exempt from sales tax for the reason checked below.

Government Agency: _____ (Exemption Number)

Exempt Organization: _____ (Exemption Number)

Lease and collect sales tax on all available dock spaces.
_____ (Sales Tax Number)

Lease and collect sales tax on some available dock spaces but fully assume the responsibility to remit six percent sales tax on that portion of space on which no sales tax is charged.
_____ (Sales Tax Number)

None of the above can be claimed.

A copy of the Florida Annual Resale Certificate For Sales Tax or the Certificate of Exemption must accompany this form to claim this exemption pursuant to Section 212.07(1)(b), F.S.

If Lessee is a Business/Corporation, Federal Employer Identification Number: _____

I/We certify that the above information is correct and agree to **NOTIFY THE BUREAU OF PUBLIC LAND ADMINISTRATION'S ACCOUNTING SECTION AT (850) 245-2720 within 30 days of the date of any change in the above designated billing agent, phone number, fax number or Lessee's tax status.**

Signed: _____ **Date** _____
Lessee/Authorized Entity

For Recurring Revenue Section Use Only	
Billing Form to Accountant: _____, _____ / _____ / _____	Originator's signature
Data Entered by Accountant: _____, _____ / _____ / _____	Accountant's signature