

**BILLING INFORMATION FORM**  
**PAYMENTS FOR LEASE NO.**

Billing Contact Person: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Post Office Box: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: (\_\_\_\_\_) \_\_\_\_\_  
Area Code  
Fax Number: (\_\_\_\_\_) \_\_\_\_\_  
Area Code  
E-Mail Address: \_\_\_\_\_

**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.

**LESSEE/SECTION 24.115(4), F.S., DATA REQUIRED**

If Lessee is an Individual/Individuals (use supplemental sheet, if required):

Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
/Month/ /Day/ /Year/

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: \_\_\_\_\_  
Lessee/Authorized Entity Date

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

Form 18-21.900(1), Effective 10-15-98

**Comment [AH1]:** Technical changes  
5-21-2003