

**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**

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