



Internet Registration/Authorization Agreement
Florida e-Services Program
850-487-7972 (Suncom 277-7972)
Clerk of Court Revenue Remittance System

County & Name of Clerk	Contact person
Location address	Mailing address
City/State/Zip	City/State/Zip
Contact person's phone number	Contact person's fax number

THIS IS an Agreement between the Florida Department of Revenue, hereinafter "the Department," and _____, hereinafter "the Enrollee," entered into pursuant to the provisions of the Florida Statutes and Administrative Code.

The Department and the Enrollee agree as follows:

1. The Department authorizes the Enrollee to file reports or remittances required to be filed with the Department under the Florida Statutes by means of electronic transmission for the duration of this Agreement. This Agreement does not alter the due dates for filing remittances as set forth in the applicable statutes and rules.
2. The signature of the Enrollee or its authorized agent(s) affixed to this Agreement shall be deemed to appear on such electronically filed reports or remittances, as if actually so appearing.
3. Neither party shall contest the validity or enforceability of the remittances communicated in electronic form pursuant to this Agreement on grounds related to the absence of paper based writings, signings or originals. Each remittance communicated in electronic form pursuant to this Agreement shall be considered to be "in writing" and "written" to an extent no less than as if in paper, to be "signed" and to be an original.
4. The term of this Agreement is five (5) years from the last date appearing below. However, if the authorized agent(s) signing such Agreement on behalf of the Enrollee leaves the employment of the Enrollee or becomes no longer authorized to sign such remittances or reports for it, the Enrollee shall be required to notify the Department of this change by providing a new written agreement with the Department prior to the filing of the next remittance. Any failure to comply with this term shall result in the Enrollee being deemed to have filed an incomplete report.
5. The Enrollee's electronic transmission of such reports and remittances must be made in a manner compatible with the Department's software, equipment and facilities. Any failure to comply with this term shall result in the Enrollee being deemed to have failed to file a report or remittance.
6. This Agreement can be amended at any time by the execution of a written addendum.
7. This Agreement represents the entire understanding of the parties in relation to the electronic filing of reports and remittances.

By: _____
Enrollee's signature Title of Authorized Agent(s)

Enrollee FEIN: _____ Business Partner # _____

State of _____ County Of _____

Sworn to (or affirmed and subscribed before me this _____ day of _____, _____ Year by _____
Month Year Name of person making statement

(seal) _____
Notary Signature

Personally known _____
Or produced identification _____
Type of identification produced _____

Print, Type or Stamp Name of Notary

Florida Department of Revenue Use Only

By: _____
Date: _____

Please mail or FAX to:
FLORIDA DEPARTMENT OF REVENUE
e-SERVICES UNIT
PO BOX 5885
TALLAHASSEE FL 32314-5885
FAX: 850-922-5088 (Suncom 292-5088)