



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**REGISTRATION APPLICATION - MOTOR FUEL
ELECTRONIC DATA INTERCHANGE (EDI)**

NAME AND ADDRESS (Please print)

Tax Software Vendor: _____

Supplier _____ Terminal Operator _____

Transporter _____

SC FILE NUMBER _____

FEI # _____

(Each File Number Should be Registered Separately)

CONTACT PEOPLE

Tax Return Contact

Payment Contact (if different) (For Information Purposes Only)

Contact Name

Contact Name

Telephone #

Fax #

Telephone #

Fax #

E-mail Address

E-mail Address

Access to the internet to upload and download files from a secure site is required for participation in this program.

EDI RETURN AUTHORIZATION

The user hereby agrees to use the ANSI X12 standards, version, and mapping specification currently in place at the time of each transmission and authorizes the electronic filing of the user return as designated by the State.

Signature

Title

Date

Return this form to: SC Dept of Revenue, EFT/EDI Help Desk, Columbia, SC 29214-0016 or Fax to (803) 896-1779.

For office use only

Computer

Approved (Test)

Prenote

Approved (Live)

USER ID ASSIGNED _____