Account Management Fuel Unit Florida Department of Revenue PO Box 5500 FLORIDA Tallahassee FL 32314-5500

Accepted:

By: _

Assignment of Time Deposit

Please complete and submit an original form for each fuel product type or taxable pollutant. This form must be executed

12B-5.150, F.A.C. Effective 01/21 XX/XX

To obtain a fuel license, the required security must

be submitted to the Department.

Account No.: ____

or value received,(Name of applicant	Taxpayer Services	motor fuel@floridarevenue.
Or Value received,(Name of applicant		<u> </u>
(talle of applicant	t)	as assignor, assigns to the
lorida Department of Revenue as assignee all of its rights, titles		he principal sum of the certificate
f deposit, certificate number	, issu	ed to the undersigned for a time
eriod of months by		
(Financial instit	itution name)	
ocated at		as Depository
(Financial institution	on address)	
(Financial institution FEIN)	·	
nterest or dividends on such principal sum shall be credited a ny substitutions, renewals, and additions to the account.	and paid monthly to the a	assignor. This assignment includes
his assignment is made as security in lieu of the bond required ne Florida Department of Revenue and shall continue in force unaw. The assignor is engaged in business subject to the Florida S	by Chapter 206, Florida S	ged by the assignee, as provided by
	porter's bond pursuant to C Ilutants tax pursuant to C	
assignee is hereby authorized to charge against the above prinave been or may be incurred after toge		•
ssignee may not by any inference or right charge against this ther charge pertaining to the assignor's operations prior to _	·	
	(Day/Month/Year)	<u>constitutes</u>
Depository must pay the full principal amount to the assigned cquittance of depository. The depository shall not pay any pobligations under Chapter 206, F.S., have been met and verifie	ortion of the principal bal	ance to the assignor until all
his Assignment of Time Deposit shall be effective as of the _	day of	, ,
-	Imprint	(Month) (Year) Corporate Seal here:
igned by:	шршс	co.porato coar noro.
(Authorized signature of assignor)		
ate:		
itle:		
acknowledgement of Depository: The signatures as shown ssignment will be honored and has been properly recorded or		
(Officer signature)	(Date)	
For Department of F	Revenue IIsa On	ly