



**DEVELOPER APPLICATION - MOTOR FUEL
ELECTRONIC DATA INTERCHANGE (EDI)**

NAME AND ADDRESS (Please print)

Check return type(s) you will be developing for EFT/EDI:

Supplier _____ Terminal Operator _____
(L-2119) (L-2098)
Transporter _____
(L-2176)

CONTACT PEOPLE

Return Contact (Primary)

Return Contact (Secondary)

Contact Name

Telephone # Fax #

E-mail Address

Contact Name

Telephone # Fax #

E-mail Address

EDI AUTHORIZATION

The software developer hereby agrees to develop the software using the ANSI X12 standards, versions, and mapping specifications currently in place for the SC Department of Revenue, agrees to follow all rules and edits outlined in this implementation guide and agrees to fully test using the SC test package before distributing to SC users or when making significant changes to their software.

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

Approved (Test) Approved (Live)

SC Vendor Code _____