



CSB-2 Email Authorization

Step 1: Read this information first.

We are required to secure your written authorization prior to sending confidential information through internet email. If you wish to receive information concerning your business through the use of email communication, please complete the authorization below and mail or fax it to us.

Step 2: Complete the following information.

- 1 Write your Account ID. _____
- 2 Write your contact person's name. _____
- 3 Write your telephone number. (____) _____ - _____
- 4 Write your Dealer License number. **DL** _____
- 5 Write your email address. _____

Step 3: Sign here.

I authorize the Illinois Department of Revenue to send my statements by internet email.

Signature of authorized representative

Title

Date

Send to: Illinois Department of Revenue
Central Registration Division
PO Box 19030
Springfield, IL 62794-9030

Fax: 217 785-6013