

Billing Portal Authorization Form

Please email your completed form to: apprabillingsharedservices1.eshare@thomsonreuters.com and allow for a 24 hour response from the Billing Team member assigned to your request.

Account Name	
Account Number	
Primary Contact Name <i>Key Contact at your business</i>	
Primary Contact Email	
Primary Contact Phone Number	
Portal Vendor	
Other <i>(Portal Vendor)</i>	
Portal Vendor Primary Contact Name	
Portal Vendor Primary Contact Email	
Portal Submission Type	
PO Number/Contract Number	
Date of Portal Request	
Comment Field for additional details	
File Attachments*	
Who will be uploading invoice?	
Send me a copy of my responses	<div>Yes</div> <div>No</div>

*Include any file attachments with your email.

By requesting Thomson Reuters to load your invoices into a billing portal, you agree to the following:

- payments are made within the existing payment terms
- purchase order information is provided to TR prior to invoicing
- disputes are raised within 2 days of invoices being loaded into the billing portal

Continued billing portal support from TR will be contingent upon these requirements being met.