

INVOICE

Invoice Date 06/01/2016
Invoice Number 2100757098
Account Number 4001100356
Terms Upon Receipt

Visit our website <http://support.cch.com/myaccount>
for help with your invoice.

Billing Support: 800-344-3734
Federal ID Number: 13-3504158

Bill To

GATX CORP
PETER FALCONER
222 W ADAMS ST
CHICAGO IL 60606-5312

Ship To

GATX CORP
PETER FALCONER
222 W ADAMS ST
CHICAGO IL 60606-5312

MATERIAL ID / DESCRIPTION	QTY/ USER	LIST PRICE	DISCOUNT	UPDATE CHARGES	NET PRICE	TAX	LINE TOTAL
10011803 RBSOURCE - CORPORATE INTERNET 06/01/16 - 05/31/17	1	845.00			845.00	76.05	921.05
Total Payments							-921.05

PO Number:**Order ID: 40347527**

SUBTOTAL	\$	0.00
Total Shipping and Handling	\$	0.00
Tax on Shipping and Handling	\$	0.00
Amount Due	\$	0.00

SEE REVERSE SIDE FOR IMPORTANT INSTRUCTIONS

Page 1 of 1

Detach this portion and return with your payment to assure proper credit to your account.

Remit To

CCH INCORPORATED
PO BOX 4307
CAROL STREAM, IL 60197-4307

BWNCMQF

GATX CORP
PETER FALCONER
222 W ADAMS ST
CHICAGO IL 60606-5312

INVOICE TOTAL	\$ 921.05
Fax Credit Card Payments to 773.866.3211	
Account Number	4001100356
Invoice Number	2100757098
Invoice Print Date	03/15/2016
AMOUNT DUE	\$ 0.00
Payment Amount	

- ☐ Address Change on Back
☐ Credit Card Info on Back

INVOICE PAYMENT INFORMATION

Online

To pay your invoice online with a credit card, update your address information, or to view your current balance, please visit <http://support.cch.com/myaccount>

To Pay by Credit Card:

Please see slip below

To Pay by Phone:

Billing Support: 1-800-344-3734

To Pay by Check:

Tear at the line below and return the remittance form with your check (USD) payable to CCH INCORPORATED to the address indicated below; a return envelope has been provided for your convenience.

To Pay by ACH or Wire

(include invoice number with transaction and email any remittance advice to: cch-ar@wolterskluwer.com)

Bank Name - BMO Harris Bank N.A
Bank Address - Chicago, IL
Bank ABA - 071000288
Bank Account Name - CCH INCORPORATED
Bank Account Number - 225-275-7
Swift Code - HATRUS44

Cancellation Policy, Return Information, Change of Address, Billing Inquiries

Visit our website at <http://support.cch.com/invoices> or call 1-800-344-3734 or refer to your contract.

Returns

All returns require an RMA (Return Material Authorization) number to be processed for credit. To request your RMA or view our return policy, please visit <http://support.cch.com/myaccount>. Returns made with RMA are processed within 2 weeks from receipt in our warehouse.

TERMS AND CONDITIONS

Additional terms and conditions may apply to use of our products or services. Please refer to the terms and conditions of the specific agreement(s) that may have been entered into or the terms and conditions contained within the products or posted on the applicable product or service website(s). None of the terms of this invoice modifies those other terms and conditions. EXCEPT TO THE EXTENT EXPRESSLY STATED IN SUCH TERMS AND CONDITIONS, WE EXPRESSLY DISCLAIM ALL OTHER WARRANTIES WITH RESPECT TO THE PRODUCTS AND SERVICES LISTED ABOVE, INCLUDING BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. We further expressly disclaim and reject any terms and conditions set forth in any order or other document submitted by Customer.

Detach this portion and return with your payment to assure proper credit to your account.

Account Number: _____

Invoice Number(s)	Amount to be Applied
	\$
	\$
	\$

Address Change: ☐ Billing ☐ Shipping
☐ Both

Charge By:

AMEX ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐

Authorized Charge Amount: _____

Credit Card Number: _____

Expiration Date: _____/_____/_____

Cardholder Name: _____

Address: _____

City/State/Zip: _____

Cardholder Signature: _____

Mail To: CCH INCORPORATED

PO BOX 4307

CAROL STREAM IL 60197-4307

Fax To: 1-773-866-3211