THOMSON REUTERS™

7322 Newman Boulevard
Dexter, MI 48130

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F + 734 426 4109

Dear Client Bookkeeping Solution® Master Licensee:

Thank you for your inquiry regarding a Client Bookkeeping Solution (CBS) client license transfer.
To complete the transfer of a CBS client license to a new accountant (must also have a CBS master license) please follow the steps below (CBS ASP clients are non-transferrable—some exceptions apply, contact us for more information).

The firm releasing the client must:

1. Complete and sign the top portion of the attached client transfer request form.

The firm receiving the client must:

1. Complete and sign the lower portion of the attached form (email address is required).
2. Include payment (or payment information) for the administration of the client license transfer. The CBS license transfer administration fee is $75 (plus sales tax). Payment must accompany the transfer request or it will not be processed. We will email you the instructions on how to download a new license once the transfer is completed.

If you have questions, please contact us at CS.Service@TR.com or **800.968.0600 (choose option 2).**

Sincerely,

Steven M. Strauss
Vice President, Finance & Administration

CLIENT BOOKKEEPING SOLUTION CLIENT TRANSFER REQUEST

TO BE COMPLETED BY FIRM RELEASING CLIENT

Date of Request: _____ Address: _____

Firm Name: _____ City/State/Zip: _____

Firm ID: _____ Phone: _____

TRANSFER AGREEMENT:
As current licensee of the software, I, _____ ,
hereby transfer the following Client Bookkeeping Solution clients to the receiving firm listed below.

CLIENTS: Name(s) of client(s) to be transferred (contact us for information on transferring CBS ASP clients).

SIGNATURE OF CURRENT LICENSEE: _____

TO BE COMPLETED BY FIRM RECEIVING CLIENT

Firm Name: _____ Address: _____

Firm ID: _____ City/State/Zip: _____

New Licensee Name: _____ Phone: _____

Email: _____

TRANSFER AGREEMENT:

By signing below, you state that you agree to pay the fee associated with this client transfer at the time of transfer. Payment must be included with the return of this form. Your signature denotes acceptance of the license agreement located at http://bit.ly/cspslicense.

NEW LICENSEE SIGNATURE:

METHOD OF PAYMENT

Credit CD

Card #: _____ Exp. Date: _____

Cardholder Address: _____

Direct Debit

Account #: _____

Routing #: _____

Account Contact Name: _____

Account Contact Email: _____

Account Type: ○ Checking ○ Savings Classification: ○ Business ○ Personal

Both

Name on Account: _____

Signature: _____

NOTE: *A $25 fee will be assessed on any payments returned NSF.*

Complete, sign, and fax this form to: 734.426.4109

If paying by check, mail completed form with payment to:

THOMSON REUTERS
ATTN: Order Processing
7322 Newman Boulevard
Dexter, MI 48130

Questions?
Contact us at **800.968.0600**, select option 2.

Tax.TR.com/CS

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