

CME Repository Services – Billing Change Form

Swap Data Repository Account

European Trade Repository Account

Billing Entity Name:

Billing Entity LEI:

Billing Contact Change Request

Contact	Primary	Secondary
First Name or Attention to		
Last Name		
Email (group email if applicable)		
Phone Number		
Invoice Recipient (Y/N)		
Date of Birth*		
Birth City*		
Secondary School*		

**Note: information required if contact is not previously registered with CME ClearPort.*

Please note, that invoices will be electronically sent to the billing user(s) listed on this form. Our system can currently send invoices only to one email address, so please specify which email address they should be sent to.

Billing Entity or Location Change Request

New Billing Entity Name:

New Billing Entity LEI (if applicable):

New Billing Address:

New Billing City:

New Billing State:

New Billing Zip Code:

New Billing County:

Billing Delivery Preference Change Request

Change invoice from electronic copy (default) to hard copy via mail. Please enter preferred billing entity and/or address above if different than the company address provided during time of registration.