

PROJECT REQUEST/ ESTIMATE FORM

CAS IP Services provides firm, all-inclusive quotes. Please complete the following fields describing your request. Once your project has been assigned, we will contact you via email.

CLIENT INFORMATION

Title/prefix	First name	MI	Last name
_____	_____	_____	_____
Organization	Telephone	Fax	Email
_____	_____	_____	_____
Street address	City/state/zip		
_____	_____		

Bill me

ALTERNATIVE CONTACT(S)

Name	Email
_____	_____
Name	Email
_____	_____

BILLING INFORMATION | DO NOT COMPLETE IF YOU SELECTED "BILL ME" ABOVE

Client	Accounts Payable		
Bill to Name	Bill to Telephone	Bill to Email	PO Number
_____	_____	_____	_____
Organization	Street Address	City/State/Zip	Internal Reference #
_____	_____	_____	_____

PROJECT DETAILS

Please complete all fields relevant to your request.

PROJECT REASON

FTO
 Patentability/Prior Art
 State of the Art/Landscape
 Validity/Invalidity
 General Research
 Regulatory
 Product Safety Monitoring
 Data Customization
 Custom Visualizations
 Other (Please Specify) _____

Briefly describe the technology and list any relevant terms or classification codes. Attach chemical structure or sequence files separately and send to IPServices@cas.org

Estimate	Priority Service – 50% Surcharge	Update of CAS IP Services Search #: _____
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A signature below is required before a member of the CAS IP Services project team can begin working on your request. This acknowledges acceptance of the [CAS IP Services Terms and Conditions](#) and [CAS Information Use Policies](#). Typing your name below is considered an authorized signature.

Authorized Signature	Date
_____	_____