CAS REGISTRY SERVICES®

INVENTORY EXPERT SERVICE ORDER



CUSTOMER REQUESTING INFORMATION					PAYMENT INFORMATION			
Dr.	Mr.	Mrs.	Ms.	Miss	VISA	MasterCard	American Express	
Family/Last Name First Name					Name on Card (Required)			
Organization					Card #	Card # Exp. Date		
Address					CVV			
					Purcha	se Order#		
Telephon	e			Email	Email i	nvoice to (if different	than provided at left)	
ALTERNATE CONTACT FIRST NAME / LAST NAME / PHONE / EMAIL (OPTIONAL)					Billing Address (same as provided at left)			
					Billing	Contact/Address (if different than provided at left)	
					Email	is default delivery	for results and invoice	
INVENT	ORY EXPE	RT SERVICE	i.					
Number [©]	, it will also		d to you. If	or substances submitted to the CAS Inventory Ex you would like to have a new CAS Registry Numes).				
	Please p	rocess my or	der "Supe	r Rush" (additional fee)				
			_	ry Numbers for my submitted substances. I acknow sclosed publicly.	vledge and understan	nd that the identities of	f these substances are	
MAKE YOU	JR SUBSTANC	E PUBLICLY A	VAILABLE IN	CAS REGISTRY NUMBER FOR A SUBSTANCE NOT ALREA I CAS REGISTRY. CUSTOMER IDENTITY INFORMATION W D REQUEST ONLY A CA INDEX NAME OR RETRIEVAL OF	ILL BE KEPT CONFIDEN	TIAL. IF YOU WISH TO M.		
_				requested Inventory Expert Service will be pe	erformed. This ackno	owledges acceptanc	ee of the <u>CAS Registry</u>	
hereby r	ejected. Pe	rformance o	of CAS Re	terms, including, but not limited to, the terms egistry Services does not constitute acceptance ses only. None of the terms set forth in the Pu	e of any additional	or different terms. A	acceptance of a Purchase	
_				y name below, I accept the above terms provi				
Authori	zed Signa	ture			Date			