

INVENTORY EXPERT SERVICE ORDER

CUSTOMER REQUESTING INFORMATION

Dr. Mr. Mrs. Ms. Miss

Family/Last Name

First Name

Organization

Address

Telephone

Email

**ALTERNATE CONTACT FIRST NAME / LAST NAME / PHONE / EMAIL
(OPTIONAL)**

PAYMENT INFORMATION

VISA MasterCard American Express

Name on Card (Required)

Card #

Exp. Date

Purchase Order #

Email invoice to (if different than provided at left)

Billing Address (same as provided at left)

Billing Contact/Address (if different than provided at left)

Email is default delivery for results and invoice

INVENTORY EXPERT SERVICE

A CA Index Name is the standard output for substances submitted to the CAS Inventory Expert Service. If your substance has an existing CAS Registry Number[®], it will also be provided to you. If you would like to have a new CAS Registry Number assigned to your substance, and/or require the "Super Rush" service, please check the appropriate box(es).

Please process my order "Super Rush" (additional fee)

Please provide new CAS Registry Numbers for my submitted substances. I acknowledge and understand that the identities of these substances are non-confidential and will be disclosed publicly.

NOTE: IF YOU REQUEST ASSIGNMENT OF A CAS REGISTRY NUMBER FOR A SUBSTANCE NOT ALREADY PRESENT IN THE CAS REGISTRY SYSTEM[®], THAT ASSIGNMENT WILL MAKE YOUR SUBSTANCE PUBLICLY AVAILABLE IN CAS REGISTRY. CUSTOMER IDENTITY INFORMATION WILL BE KEPT CONFIDENTIAL. IF YOU WISH TO MAINTAIN CONFIDENTIALITY FOR YOUR SUBSTANCE'S IDENTITY, YOU SHOULD REQUEST ONLY A CA INDEX NAME AND NOT A NEW CAS REGISTRY NUMBER.

A signature below is required before the requested Inventory Expert Service will be performed. This acknowledges acceptance of the [CAS Client Services Terms and Conditions](#) and [CAS Information Use Policies](#).

Any proposals for additional or different terms, including, but not limited to, the terms set forth in any Purchase Order submitted by Customer, are hereby rejected. Performance of the Client Services does not constitute acceptance of any additional or different terms. Acceptance of a Purchase Order by CAS will be for payment purposes only. None of the terms set forth in the Purchase Order will be binding upon CAS.

As an authorized individual, by typing my name below, I accept the above terms provided in this Order Form.

Authorized Signature

Date

CAS
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