

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	Mobile/Cell	Email
Street Address	City/State/Zip	Internal Reference #	
Bill Me			

ALTERNATIVE CONTACT(S)

Name	Email	Telephone
Name	Email	Telephone

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

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

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 # _____

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