

Registry Lookup Service Order Form

Customer Requesting Information:

Dr. Mr. Mrs. Ms. Miss

Family/Last Name First Name MI

Organization

Address

Telephone _____

Fax _____

Email

Payment Information:

Charge: VISA MasterCard American Express

Name on Card (Required) _____

Card # _____

Expiration Date (Month/Year) _____

Purchase Order # _____

Bill Me at Address Provided

Bill to Contact/Address (if different from Address Provided)

Delivery of Results (Email is the default)

Email Fax

Client Services Registry Lookup Service

CAS Registry Lookup Service will perform an exact computer-match of your chemical name **OR** CAS Registry Number[®] against CAS REGISTRYSM. The results of the search will be returned to you within 24 hours (excluding holidays and weekends). If your chemical name **OR** CAS Registry Number matches a record in REGISTRY, a print for that record will be returned with your results.

PLEASE SEARCH:

CAS Registry Number(s) _____

Chemical Name(s) _____

A signature below is required before the requested Registry Lookup 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 _____