

## Inventory Expert Service Order Form

### Customer Requesting Information:

Dr.    Mr.    Mrs.    Ms.    Miss

Family/Last Name                      First Name                      MI

\_\_\_\_\_

Organization

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Delivery of Results (Email is the default)

Email    Fax\*    Regular Mail

*\*If fax is selected, comments or corrections in red will be sent via regular mail.*

### 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<sup>®</sup>, 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<sup>SM</sup>. 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 \_\_\_\_\_