

CHEMIST CONSULTATION 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

CAS REGISTRY SERVICES CHEMIST CONSULTATION

CAS Registry Services Chemist Consultation provides substance identity information at a consultation rate. For **CAS REGISTRY Number[®] retrieval** or **assignment**, please see registration criteria, information requirements and attach a chemical structure diagram. **If you would like both a CAS Registry Number and CA Index Name, please check the two appropriate boxes below.**

CA Index Names (Attach chemical structure diagram, page 2)

Retrieval of existing CAS Registry Numbers

Assignment of new CAS Registry Numbers. I acknowledge and understand that the identities of these substances are non-confidential and will be disclosed publicly. If a CAS Registry Number already exists, it will be retrieved.

NOTE: IF YOU REQUEST ASSIGNMENT OF A NEW 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 OR RETRIEVAL OF AN EXISTING CAS REGISTRY NUMBER.

A signature below is required before the requested Chemist Consultation will be performed. This acknowledges acceptance of the [CAS Registry Services Terms and Conditions](#) and [CAS Information Use Policy](#).

Any proposals for additional or different terms, including, but not limit to, the terms set forth in any Purchase Order submitted by Customer, are hereby rejected. Performance of CAS Registry 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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P.O. Box 3343 | Columbus, OH 43210-0334 | USA

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E-mail: answers@cas.org | Web: cas.org

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CHEMICAL STRUCTURE DIAGRAM OR DESCRIPTIVE INFORMATION

Unique substance identifier (limited to 20 alphanumeric characters, for example trade name, product code or sequential numbering)

Provide your chemical structure diagram or descriptive information in the space below or in a separate attachment.

CAS

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