CAS
A DIVISION OF THE
AMERICAN CHEMICAL SOCIETY

ClientServices

Phone: 800-631-1884, 614-447-3870
Fax: 614-447-3747
E-mail: answers@cas.org
Web: www.cas.org/products/other-cas-products/client-services

CAS RN Verified Partner Program 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)

_____

_____

_____

Alternative Contact (Optional)

_____

_____

_____

Client Services CAS RN Verified Partner Program

The CAS Registry Number® (CAS RN®) Verified Partner Program is an opportunity for those using CAS Registry Numbers in the public domain to partner with CAS to ensure they are providing complete and accurate CAS REGISTRY℠ information. **REQUIRED: Signed CAS RN Verified Partner Program License Agreement.**

Input: (Choose only one)

❑ Chemical Names Qty: _____

❑ Connection Tables–SDF files Qty: _____

A signature below is required before the requested CAS RN Verified Partner Data Submission will be processed. 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** _____