

Computer Readable Services 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 Computer Readable Services

CAS Computer Readable Services provides substance identification of input data for a large number of chemical substances. **A separate form should be used for each type of input.** More than one output may be selected for a given input. **Complete the REQUIRED use of data/comments section below.**

Input: (Choose only one)

Chemical Names Qty: _____
 CAS RNs Qty: _____
 Connection Tables–SDfile Qty: _____

Output: (Choose all that apply)

CAS RNs
 CA Index Names
 Synonyms
 Molecular Formulas
 Substance definitions

REQUIRED: Use of Data/Comments _____

A signature below is required before the requested Computer Readable Services 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 _____