

REGISTRY LOOKUP 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 LOOKUP SERVICE

CAS Registry Lookup Service will perform an exact computer-match of your chemical name **OR** CAS Registry Number[®] against CAS REGISTRY[®]. 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 Registry 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 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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