

ORDER

THIS IS NOT AN INVOICE

LICENSEE: Istituto Zooprofilattico Sperimentale del Lazio e della Toscana M. Aleandri	Date: June 9, 2017
via appia nuova, 1411	
Rome 00178	Account Consultant: Maria Luisa Quadri
Italy	Email: mquadri@acs-i.org

Product	Term	License Fee
SciFinder® Enterprise-Wide Access Plan (EWP) with MethodsNow®	June 1, 2017 – May 31, 2018	\$12,330 USD

Upon account activation, CAS will invoice Licensee as follows *for each 12-month period*: (please check one)

☐ Annual installment

☐ Semi-annual installments

☐ Quarterly installments

License Fees listed above provide the following Eligible Sites with access to the Products during the applicable Term as set forth above:

COMPANY	CITY	STATE OR PROVINCE	COUNTRY
IZSLT M. Aleandri	San Martino alla Palma	FI	Italy

Additional Eligible Sites may be added at the discretion of CAS and may also require the payment of additional License Fees. This Order does not include, and Licensee is responsible for, any applicable tariffs, VAT, customs charges, or sales tax. If you would like Product access to begin prior to this date, your License Fee will be prorated from the date your access begins through the initial start date stated above. Product use is subject to the Product terms available at www.cas.org/legal, incorporated by reference. Capitalized terms not defined in this Order are defined in the Product terms.

For more information contact your Account Consultant, or CAS Customer Center at 1 -800-753-4227 or help@cas.org (Customers outside North America: intsales@cas.org). This offer is valid for sixty (60) days. Please sign this Order and return it to CAS via email to: legaladmin@cas.org. **THIS IS NOT AN INVOICE.** An invoice will be sent to you once you have returned this Order to CAS.

LICENSEE'S AUTHORIZED REPRESENTATIVE:

By _____

Printed Name _____

Company _____

Title _____

Date _____

CAS' AUTHORIZED REPRESENTATIVE:

By _____

Craig W. Stephens

Printed Name _____

Vice President, Sales

Title _____

Attachment A

Account Information									
Company/Organization Legal Name									
Primary Site Address (Please include street address for Express mail services)									
Company Name									
Address									
City			State/Province			Postal Code		Country	
Key Contact at Primary Site									
First Name				Last Name				Title	
Job Title				Research Field					
Phone			Fax			Email			
Billing Address and Billing Contact (If different than above)									
Company Name				First Name			Last Name		
Address									
City			State/Province			Postal Code		Country	
Phone			Fax			Email			
To include additional Key Contacts at Additional Sites, please provide on a separate sheet.									
Named Users List <small>To include additional Named Users, please provide on a separate sheet.</small>									
#	First Name	MI	Last Name	Job Title	Research Field	Site	Email	Phone	
1									
2									
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NOTE: CAS will not disclose your personal information to any outside organization without your consent.