

Contact:
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EFFECTIVE DATE:
SUPERSEDE DATE:

LICENSING APPLICATION

Indicate status by checking the appropriate box: New Applicant Renewing License

Date of Application: _____

Applicant Company Information:

Company Name - _____
Street Address - _____
Telephone Number - _____ Fax Number - _____
Email Address - _____

Marketing Personnel Contact Name(s) - _____

Royalty Collection Contact Name(s) - _____

THIS INFORMATION IS REQUIRED FROM ALL
CONTRACTED LICENSEE'S

Company Web Site Address - _____

Indicate Company Operation: Retailer Manufacturer Distributor

Types of Products Featured in License - *Please attach a list of products you intend to carry/manufacture using our pattern(s)*

Pattern(s) Requested for License- Shaman Grassland Shaman Deadfall

Types of Fabric/Material - _____

Material Supplier - _____

Manufacturing Location (domestic or overseas) - _____

Distribution Chain - _____

Sales Territories: Domestic (U.S.) International (Global) Local/Other

THIS APPLICATION FORM MUST BE COMPLETELY FILLED OUT, AND SHOULD BE SUBMITTED WITH THE FOLLOWING ITEMS: 1) A FORMAL REQUEST FOR LICENSING ON OFFICIAL COMPANY LETTERHEAD, 2) A COMPLETE AND THOROUGH LIST OF PRODUCTS YOUR COMPANY WILL CARRY WITH SHAMAN CAMOUFLAGE PATTERNS, 3) A SAMPLE OF EACH PRODUCT THAT WILL BE CARRIED UNDER THE LICENSE - NOTE - SAMPLE PRODUCTS WILL NOT BE RETURNED, 4) 6 BROCHURES OR CATALOGS CONTAINING THE PRODUCTS - OR - 6 PHOTOS OF EACH ITEM IF BROCHURES AND CATALOGS ARE NOT AVAILABLE.