



MASSACHUSETTS INSTITUTE OF TECHNOLOGY TRADEMARK LICENSE APPLICATION

Please provide the following information. It will be used to determine if a Trademark License Agreement should be sent to your company.

PLEASE ENCLOSE:

1. NON-REFUNDABLE \$100 APPLICATION FEE, PAYABLE TO "MASSACHUSETTS INSTITUTE OF TECHNOLOGY"
2. CURRENT CERTIFICATE OF INSURANCE WITH M.I.T. AS A NAMED INSURED
3. SAMPLE(S) OF THE PRODUCT(S) TO BE LICENSED
4. FACTORY SITE DISCLOSURE FORM(S) (One form should be submitted for each factory association.)

Name of Company _____

Address _____

Telephone (____) _____ Facsimile (____) _____

Email _____

Corporation: Partnership ____ Private ____ Individual ____ State of Incorporation ____

Subsidiary of _____

Years in Business ____ Total Annual Sales _____

Primary Bank _____

Complete description of Products to be Licensed (attach list if necessary) _____

Manufacture: Entirely ____ Finish Only ____ Imprint ____ Other ____

Method of Distribution (please describe) _____

Territories within which you will distribute your products:

1. U.S. and Canada: _____

2. Other Desired Countries: _____

Sales Estimate: First Year _____ Second _____ Third _____

Other Licenses Held: _____

Who will sign contract? Name _____ Title _____

Who is the contact person to discuss contract? Name _____

Title _____ Telephone(____) _____