



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 (_____) _____

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 _____ (*Please complete and submit the Factory Site Disclosure Form(s).*)

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 (_____) _____