## SHIPPENSBURG UNIVERSITY

## **Licensing Program Application**

This application is for the review of your products for possible licensing. It is a proposal only and does not authorize your company to manufacture, promote, or distribute any merchandise that bears the identifying marks of Shippensburg University. Unauthorized use of the university's marks is a violation of both state and federal law, subject to criminal and civil remedies

## Please print all information.

2. Address Street Street State	1.	Company Name				
City State Zip  3. Telephone #: Fax #:  Company Website:  4. Other names under which you do business Tax I.D. #  5. Year business began operations Tax I.D. #  6. If incorporated, state and year in which incorporated  7. If this business is a subsidiary, give name and address of parent company  Company Name  Street	2.	Address				
3. Telephone # :			Chata	7:5		
Company Website:	2	•		•		
4. Other names under which you do business	3.	Telephone # :	_ rax # :			
5. Year business began operations Tax I.D. #		Company Website:				
6. If incorporated, state and year in which incorporated	4.	Other names under which you do business				
6. If incorporated, state and year in which incorporated						
7. If this business is a subsidiary, give name and address of parent company    Company Name	5.	Year business began operations	Tax I.D. #			
Company Name  Street  City  State  Zip  3. Type of company: Individual General Partnership Sole Proprietorship Corporation  9. Company President or CEO: Name  10. Company Secretary: Name  11. Company Treasurer: Name  12. Company Licensing Representative: Name	3.	If incorporated, state and year in which incorporated				
Street  City State  Zip  3. Type of company: Individual General Partnership Sole Proprietorship Corporation  9. Company President or CEO: Name  10. Company Secretary: Name  11. Company Treasurer: Name  12. Company Licensing Representative: Name						
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Sole Proprietorship Corporation  9. Company President or CEO:		City	State	Zip		
9. Company President or CEO:  Name  10. Company Secretary:  Name  11. Company Treasurer:  Name  Name  12. Company Licensing Representative:	3.	Type of company: Individual	General Partnership			
10. Company Secretary:  Name  11. Company Treasurer:  Name  Name  12. Company Licensing Representative:		Sole Proprietorship	Corporation			
11. Company Treasurer:  Name  12. Company Licensing Representative:	9.					
12. Company Licensing Representative:	10.	Company Secretary:				
	11.	Company Treasurer:				
	12.					
Email Address		Email Addrag	9			

13.	Company Royalty Coordinator:	
		Name
		Email Address
14.	Types of Merchandise:	
	☐ Apparel	☐ Novelties (water bottles,
	☐ Gifts (jewelry, frames,	totes, etc.)
	ornaments, etc.)	☐ Head gear
	Other: Please specify he	ere:
15.	Manufacture <b>and</b> imprint or othe	erwise enhance with names, symbols, or slogans? No
16.	Yes	earing our marks prior to this application? No contact name and department
	ii yes, piease provide university	contact name and department
17.	Do you use labels or hang-tags	on products? YesNo
18.	Insurance company providing lia	ability coverage
	Company Name	
	Street	
	City	State Zip
	Telephone #	Fax#
19.	, , , , , ,	ever been involved in a liability claim? Yes No
20.		cense or had a license cancelled?Yes No

21. Marketer of finished products					
Company Name	Company Name				
Street	Street				
City	State	Zip			
22. Local Sales Representative: _	Name				
Telephone #	Fax#				
23. List three (3) credit references	s including your primary bank or f	inancial institution			
Name	Address	Telephone #			
Places submit the following item	s with your Licensing Program Applic	oction:			
_	(Make checks payable to "Licensing				
manufacturer's selling pr	<ul> <li>Representative samples of all products you wish to have reviewed including manufacturer's selling price for each item submitted. Samples cannot be returned and are disposed of at the university's discretion.</li> </ul>				
☐ Current sales catalog an	•				
☐ Sample labels or hang-ta	ags.				
have read and understand this application information provided is accurate. I also goverify as well as exchange information or credit reporting agencies. Upon request, and address of any agency that has provered.	rant Shippensburg University of Pen In the company filing this application in Shippensburg University of Pennsylo	nsylvania permission to ncluding requests from vania will provide the names			
Signed	Da	ate			
Print Name					
Title					

Return Completed Application, Application Fee, and Licensing Agreement for use of University Trademarks and Trade Names to:

University Licensing Program
Office of Publications & Advertising, Shippensburg University
1871 Old Main Drive, Shippensburg, PA 17257-2299
(717) 477-1201 Fax (717) 477-1253