

Indiana University Licensed Product Specification and Approval Form

**SUBMIT ONE FORM FOR EACH NEW PRODUCT. IF USING A SHADE OF RED, PLEASE PROVIDE A PHYSICAL SAMPLE IN PMS 201C.*

LICENSEE'S NAME: _____

CONTACT NAME: _____

EMAIL: _____

PRODUCT: _____

COMPLETE DESCRIPTION (e.g., V neck, lg sl T shirt) _____

SIZE(S) and MINIMUMS: _____

COLOR(S) (list PMS color(s), method of imprint, and imprint PMS color(s)): _____

IP (Intellectual Property) with campus name and logo used: _____

MANUFACTURER NAME and ADDRESS: _____

TERRITORIES (where the product will be sold): _____

PROPOSED SALES CHANNELS: _____

WHO APPLIES LOGO? (COMPANY NAME) _____

APPROXIMATE WHOLESALE and MSRP PRICE: _____

SAMPLE ATTACHED: YES ___ NO ___

Please send sample(s) and form(s) to: IU Licensing & Trademarks, 711 E. State Rd. 45/46 Bypass, Bloomington, IN 47408

L&T OFFICE USE

RECEIVED BY _____ DATE _____

PRODUCT APPROVED BY _____ DATE _____

ADDENDUM SPECS: ADV - YES ___ NO ___ \$ _____ INS - YES ___ NO ___ \$ _____ PRM RATE - YES ___ NO ___ % _____

ADDENDUM COMPLETED BY _____ DATE _____