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__________