

**College of William and Mary
Licensing Application**

Please provide the following information regarding your company. All information will be kept confidential and used only to determine if a license should be granted. (For easier readability, please print or type.)

Date: _____

COMPANY NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

TYPE OF COMPANY: ___ Corporation ___ Partnership ___ Private ___ Individual

YEARS IN BUSINESS: _____

PRODUCT(S) TO BE LICENSED: _____

Manufacture ___ Finish Only ___ Imprint ___

Other (explain): _____

DISTRIBUTION PLANS: _____

TOTAL SALES FORCE: _____

OTHER LICENSES: _____

WHO WILL SIGN CONTRACT?

NAME/TITLE _____

WHO SHOULD BE CONTACTED TO DISCUSS CONTRACT:

NAME/TITLE _____ TELEPHONE _____

RETURN TO:

Diana Tennis
Office of Auxiliary Services
College of William and Mary
P.O. Box 8795
Williamsburg, VA 23187-8795

PHONE: 757-221-2500
FAX: 757-221-2506

Thank you for your interest in the College of William and Mary's Licensing Program.