

Bill Elliott
Licensing Application

A. Company Information

Company Name:

Street Address (no P.O. Box):

Mailing Address (if P.O. Box):

City, State, Zip:

Principal Licensing Contact: _____ Phone #: _____

Sales Contact: _____ Phone #: _____

800# (if applicable): _____ Fax #: _____

E-mail Address: _____

Company may also be known as: _____

Have any claims been filed against your company for trademark, copyright or patent infringements or for product liability? _____ If yes, attach a separate sheet providing all details, including disposition.

B. Company Disposition

1. _____ Corporation, in the state of: _____

_____ Partnership, or _____ Proprietorship

2. Date Company organized or incorporated: _____

3. List Owners, Partners or Officers:

Name:

Title:

a. _____

b. _____

c. _____

4. Please give Sales Volume (Annual Gross) for:

2003

2002

2001

C. Financial Information

Bank and Financial Institution References

Bank (or Firm):

Address:

Person to Contact: _____ Phone #: _____

Bank (or Firm):

Address:

Person to Contact: _____ Phone #: _____

Has there been any voluntary or involuntary bankruptcies of the company? _____ If yes, attach a separate sheet (if necessary).

Product	Description
_____	_____
_____	_____
_____	_____
_____	_____

Identify any current trademark licenses held by your company including licensed product, licensor information and length of licensing experience. (Attach additional sheets if needed.)

Licensed Product(s):

Licensor:

Address:

Contact: _____ Phone #: _____

Please provide the following information:

	2003	2002	2001
# Units sold:	_____	_____	_____
Sales Volume:	_____	_____	_____

Please submit three (3) prototypes of each product for which you would like to be licensed. (Prototypes are required to evaluate the quality, materials and workmanship, etc.) These prototypes will be retained by Bill Elliott Racing and will not be returned to applicant. If requested by applicant, Bill Elliott Racing is willing to consider special arrangements for very large, bulky or expensive samples.

D. Production and Purchasing Information

1. Are you the manufacturer of the finished product? ____ If no, please list the name, address and phone number of the company who manufactures the finished product.

2. Do you purchase blank goods and apply the logo? ____ If yes, please list the name, address and phone number of the company from whom you purchase blank goods.

3. Do you apply the logo to the goods at your company address? ____ If no, please give the name, address and phone number of the company that applies logos to the goods.

4. Are you a distributor? ____ If yes, please attach a list that includes the name, address and phone number of the manufacturer(s) from whom you purchase logoed goods.

5. Does your company supply blank goods? ____ If yes, please attach a full description.

6. Does your company purchase products that are related to this application from sources other than ones in the United States? ____ If yes, list name and address of international company and description of product. _____

E. Distribution and Marketing Information

1. List your three largest retail accounts and include the name of the buyer(s) at each account.

Retail Outlet:

Address:

Name of Buyer: _____ Phone #: _____

Retail Outlet:

Address:

Name of Buyer: _____ Phone #: _____

Retail Outlet:

Address:

Name of Buyer: _____ Phone #: _____

2. State projected annual total gross sales numbers for each product (Ex: Fleece, tees, etc.):

Proposed Licensed Product:

Year One	Year Two	Year Three
_____ Units	_____ Units	_____ Units
\$ _____	\$ _____	\$ _____

Proposed Licensed Product:

Year One	Year Two	Year Three
_____ Units	_____ Units	_____ Units
\$ _____	\$ _____	\$ _____

Proposed Licensed Product:

Year One	Year Two	Year Three
_____ Units	_____ Units	_____ Units
\$ _____	\$ _____	\$ _____

3. Identify the properties (driver or drivers) for which you are seeking a license:

F. Sales and Distribution Information

1. Own Sales Force _____ # of Salespersons: _____

- 2. Reps, Jobbers, etc. _____ # of: _____
- 3. Agents _____ # of: _____
- 4. Total number of Field Sales Force: _____
- 5. Current Distribution

Type of Account	Percent of Sales Volume	Leading Accounts Sold
a. National Chains	_____	_____
b. Regional Chains	_____	_____
c. Department Stores	_____	_____
d. Buying Offices	_____	_____
e. Discount Stores	_____	_____
f. Drug Stores	_____	_____
g. Food Stores	_____	_____
h. Convenience Stores	_____	_____
i. Catalog Stores	_____	_____
j. Toy Stores	_____	_____
k. Other (Specify)	_____	_____

- 6. List trade shows where you exhibit your product.
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7. Describe your marketing plan in general. (Use separate sheet.) Please include the projected dates of introduction and the geographic territory that you plan to cover.

G. Prospective Licensee Statement

- 1. I hereby affirm that my answers to the above questions are, to the best of my ability, true and complete. I understand that any license which may be granted to me by Bill Elliott Racing will be subject to immediate termination, without the return of any amount paid or the abatement of any amount due, in the event Bill Elliott Racing finds that I have supplied false, misleading, fraudulent or incomplete information.
- 2. I hereby acknowledge the proprietary nature of all terminology and marks of Bill Elliott Racing, and I further acknowledge that all rights, title and interest to such terminology and marks belong to each respective client. I agree that I will make no use of any of Bill Elliott Racing marks or terminology without written consent of Bill Elliott Racing.
- 3. I hereby agree that my product or concept submitted upon request will be reviewed and accepted or rejected at the discretion of Bill Elliott Racing.
- 4. Bill Elliott Racing has agreed that any product sample(s), mock-up(s), etc. which I submit upon request will be examined for approval only by Bill Elliott Racing. I acknowledge that Bill Elliott Racing may license other products similar to mine without obligation to me unless specifically agreed to in writing.

Officer or Agent of Company:

Print Name:

Title:

Signature:

Date:

PLEASE FORWARD APPLICATION AND SAMPLES TO:

CMG Worldwide, Inc.
Attn: Megan Malayter
or Danielle Von Luhmann
10500 Crosspoint Boulevard
Indianapolis, Indiana 46256
Phone: (317) 570-5000
Fax: (317) 570-5500