



LICENSING APPLICATION

Haas Outdoors, Inc. dba Mossy Oak Brand Camo
Attn: Licensing Department
115 South Division Street · West Point, MS 39773
Telephone: (662) 494-8859 · Fax: (662) 492-0212

INTRODUCTION

Thank you for your interest in pursuing a license with Mossy Oak Brand Camo and the Mossy Oak Brand. We appreciate the opportunity to put our Brand/Patterns on your products and work with you to provide value for your company. Please complete the application and return to the address shown above. All information provided will be confidential and will be seen by only select Mossy Oak Brand Camo employees.

In order to complete your application, we will require a one-time \$1,000.00 service fee that populates your request into our partner base, and includes you in our partner services plan, which your Account Manager can address specifically with you upon approval of your request for a License.

If you have any questions or concerns, please do not hesitate to contact us at: Mossy Oak Brand Camo Licensing Department: licensing@mossyOak.com

** Once all information is received, the application will be assigned to an Account Manager for review. The review process normally takes 60 – 90 days.

Please check one:

New Applicant Renewal Addendum

Interested in:

Mossy Oak Camo Patterns Mossy Oak Brand

YOUR COMPANY INFORMATION

Company Legal Name: _____
dba if different from above: _____
Physical Street Address: _____
City, State, Zip: _____
P.O. Box/Mailing Address (if different from above): _____
Phone: _____ Fax: _____
Web Site: _____

Is your company a subsidiary of another company? No Yes

If yes, please list: Company Name: _____
Address: _____
Telephone :#: _____ Fax #: _____
Web-site: _____

Number of years in business: _____

CONTACT INFORMATION

List key individuals within your organization. If you do not have a specific department or subcontract out, it would be the person responsible for answering questions in that field within your organization.

****Primary Contact**

Name: _____ Title: _____
Phone: _____ Fax: _____
Mobile: _____ E-mail: _____

****Second Contact**

Name: _____ Title: _____
Phone: _____ Fax: _____
Mobile: _____ E-mail: _____

****Finance or Accounting Contact**

Name: _____ Title: _____
Phone: _____ Fax: _____
Mobile: _____ E-mail: _____

****Public Relations Contact**

Name: _____ Title: _____
Phone: _____ Fax: _____
Mobile: _____ E-mail: _____

****Social Media Contact**

Name: _____ Title: _____
Phone: _____ Fax: _____
Mobile: _____ E-mail: _____

****Signing Officer**

Name: _____ Title: _____
Phone: _____ Fax: _____
Mobile: _____ E-mail: _____

PRODUCTS

Do you currently license the rights to any other Licensed Properties? No Yes

If yes, please list: Company Name: _____
Company Name: _____
Company Name: _____

Description of Product(s) for Desired License:

*****Please list on last page. (Your Application will be delayed if this page is not filled out completely)**

Product and General Liability Insurance Amount (Required upon execution of Agreement):

Per Occurrence: 1,000,000 General Aggregate: 2,000,000

MARKETING / SALES

****Marketing Contact**

Name: _____ Title: _____
Phone: _____ Fax: _____
Mobile: _____ E-mail: _____

Expected date of market entry: _____

In which trade shows do you regularly participate?

MANUFACTURING PRODUCTS

Will you? Manufacture yourself Sub-contract Both

DISTRIBUTION

- 1) Identify below the channels of distribution you currently do business in and the corresponding percentage of your business it represents. (Check all boxes that apply).
- 2) Also, please identify which channels of distribution you are requesting for this contract (Check all boxes that apply).

Do you currently license the rights to any other Licensed Properties?

CURRENT CHANNELS

Requested Channels

<input type="checkbox"/> Mass Retailers (K-Mart, Wal-Mart, Target):	_____ %	<input type="checkbox"/>
<input type="checkbox"/> Drug Stores:	_____ %	<input type="checkbox"/>
<input type="checkbox"/> Warehouse Clubs:	_____ %	<input type="checkbox"/>
<input type="checkbox"/> Department Stores:	_____ %	<input type="checkbox"/>
<input type="checkbox"/> Specialty Stores:	_____ %	<input type="checkbox"/>
<input type="checkbox"/> Convenience Stores (Mini-Markets):	_____ %	<input type="checkbox"/>
<input type="checkbox"/> Home Centers:	_____ %	<input type="checkbox"/>
<input type="checkbox"/> Office Products:	_____ %	<input type="checkbox"/>
<input type="checkbox"/> Art & Craft (AC Moore, Michael's):	_____ %	<input type="checkbox"/>
<input type="checkbox"/> Direct Response (to the Customer):	_____ %	<input type="checkbox"/>
<input type="checkbox"/> Others: Please List:	_____ %	<input type="checkbox"/>

Channels/Markets

Do you currently distribute outside of North America? No Yes

If yes, please list:

**** Please enclose the following items:**

- Licensing Application
- 1 – Product Catalogs
- 1 – Company Brochures
- Samples of like products you want to license

Signature: _____

Title: _____

[Please don't forget to fill out the next page.]

Thank you for trusting the Mossy Oak Brand to help grow your Business.

