



Northwest Missouri State University
ATHLETIC LICENSING PROGRAM APPLICATION

Please type or print. All information will be kept confidential.

Company Name _____ Contact Person _____
Address _____ Title/Position _____
City _____ State _____ Zip _____ Telephone _____
Fax Number _____ Legal Counsel _____
Web Address _____ Email _____
Type of Company: Corporation _____ Partnership _____ Private _____ Subsidiary _____
If applicable, name parent corporation or subsidiaries _____
Manufacture _____ Entirely _____ In Part (explain) _____
Imprint Only _____ Source of Emblem/Transfer _____
Distributor _____ Advertising Specialty _____ Yrs. In Business _____

PRODUCT(S)

MARKETING LABELS

Name Marketer or Finished Product(s) _____

Areas of Distribution? _____

Name of Local Sales Representative _____

Telephone _____ Gross Estimated Sales This Year _____

Signature of Applicant

Date

Return completed application along with a non-refundable application fee of \$25.00 made payable to Northwest Missouri State University to the following:

Morris White
Athletic Licensing Director
Northwest Missouri State University
800 University Drive, LAC
Maryville, MO 64468
660/562-1581 (phone) * 660/562-1582 (fax)