



Licensing proposal

Property: Territory:

Attention: Date:

Fax: 415-371-9117

Licensee Information

Company Name: Contact:
 Address: Phone:
 City: Fax:
 States: E-mail:
 Zip Code:

Proposed Deal Terms

Article Listing:

	Article	Description	Material	Projected Wholesale Price Range	Projected Retail Price Range	Target Age
1						
2						
3						
4						
5						

Contract Start Date:

Contract End Date:

Exclusivity: Non-exclusive Exclusive

Total Minimum Guarantee:

Advance Amount:

(Advance due upon execution of agreement by licensee.)

Royalty Rate: _____% Retail Wholesale F.O.B. Other ()

Frequency of Royalty Payments & Statements: Monthly Quarterly Other ()

Payments & Statements Due: 30 days after period end

Marketing Requirements

Product Development Date:

Prototype Approval Date:

Trade Marketing Date:

In store Date:

Distribution Channels: Mid-Tier Stores Department Mass Merchants
 Catalog Specialty Stores Other ()

Sell-off Period:

Number of Samples Required: 20