

## Licensing Deal Proposal

Program:

Territory:

Date:

### Licensor Information

Company Name: VIZ Media, LLC

Contact: Miki Macaluso

VIZ Media Contact: 1355 Market St. Suite #200, San Francisco, CA 94103 (415) 546-7073 x264

Contact Email: mikimacaluso@viz.com

### Licensee Information

Company Name:

Contact:

Address:

City:

Phone:

States:

Fax:

Zip Code:

E-mail:

### Proposed Deal Terms

#### Licensed Products:

	Licensed Product	Description	Material	Minimum Quantity	Projected Wholesale Price Range	Projected Retail Price Range
1						
2						
3						

Term Start Date:

Term End Date:

Exclusivity:  Non-exclusive  Exclusive

Total Minimum Guarantee:

Payment Schedule:

	Date	Amount (USD)
Signing Advance	Upon full execution of Deal Proposal	

Royalty Rate:

Business to Business % of  Net Sale  Retail  Wholesale  Other

Direct to Consumer % of Net Sales  Retail  Other

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

**Payments & Statements Due:** 30 days after period end

**Permitted Distribution Channels:**

Wholesale Distribution	Please specify
<input type="checkbox"/> Mass	
<input type="checkbox"/> Mid-tier/Department	
<input type="checkbox"/> Specialty/Independent	
<input type="checkbox"/> Book Store chain	
<input type="checkbox"/> Drug Store/Supermarket	
<input type="checkbox"/> Online/Catalog	
<input type="checkbox"/> Other (Please specify)	

Direct to Consumer	Please list the name of the store/URL
<input type="checkbox"/> Direct to Consumer	

**Marketing Requirements**

**Proposed Product Plan Due:** 30 days prior to commencement of production of each Licensed Product

**Trade Marketing Date:**

**In store Date:**

**Sell-off Period: 90 days**

**Number of Samples Required:**

**Special Conditions (if any):**