

TRADEMARK INFORMATION SHEET

APPLICANT NAME:

**APPLICANT ENTITY TYPE:
(E.G. DELAWARE CORPORATION)**

APPLICANT ADDRESS:

**CONTACT PERSON NAME:
CONTACT PERSON PHONE NO.:
CONTACT PERSON E-MAIL:**

MARK:

GOODS/SERVICES:

BASED ON ACTUAL USE? (Yes/No)

**IF YES, DATE OF FIRST USE IN INTERSTATE
COMMERCE OR IMPORT/EXPORT IN THE U.S.**

**DATE OF FIRST USE IN INTRASTATE COMMERCE
IN THE U.S (IF EARLIER THAN ABOVE)**

NOTE: A SPECIMEN OF USE IS REQUIRED

CLAIM OF PRIORITY TO FOREIGN APPLICATION? (Yes/No)

**FOREIGN APPLICATION NO.:
APPLICATION FILING DATE:
COUNTRY/REGION OF APPLICATION:**

BASED ON FOREIGN REGISTRATION?: (Yes/No)

**FOREIGN REGISTRATION No.:
REGISTRATION DATE:
COUNTRY/REGION OF REGISTRATION:**

NOTE: A COPY OF THE FOREIGN REGISTRATION MUST BE PROVIDED

Fax to RatnerPrestia Wilmington Trademark Center at 302-778-2600