

**Muhammad Ali Enterprises, LLC
PROSPECTIVE LICENSEE
Application Information Form!**

BASIC COMPANY INFORMATION

Company Name: _____
Company Address: _____

(City) (State) (Zip)
Contact Person: _____ Title: _____
Telephone: (____) _____
Facsimile: (____) _____
E-mail Address: _____ Web Site Address: _____
Artwork & Approvals Contact (name/phone/e-mail): _____
Royalty & Reporting Contact (name/phone/e-mail): _____
Marketing Contact: (name/phone/e-mail): _____

PRODUCT INFORMATION

Description/list of product(s) for which you seek a license: _____
Does your company currently manufacture or sell an item similar to the one you are seeking to license?
Yes _____ No _____ (Please ✓)
Estimated wholesale selling price/unit: _____
Estimated retail price/unit: _____
When will a prototype or sample of the product to be sold be available for review? _____
Total production time: _____
Proposed release date: _____

OWNERSHIP/MANAGEMENT INFORMATION

Principal Owners (Complete Name, Title and Business Address)

- | | | | |
|----|-------|----|-------|
| 1. | _____ | 2. | _____ |
| | _____ | | _____ |
| | _____ | | _____ |
| | _____ | | _____ |
| 3. | _____ | 4. | _____ |
| | _____ | | _____ |
| | _____ | | _____ |
| | _____ | | _____ |

Principal Management:

1. President/CEO: _____
2. Vice President(s): _____
3. Sales Director: _____
4. Chief Financial Officer: _____



SALES AND DISTRIBUTION INFORMATION

Distribution capability: (Please √) International _____ Domestic (US) _____ Regional _____

Would you plan to distribute this product:

1. Only in certain states/regions, if so, number of states/region: _____.
2. International territories, if so, specify: _____

Sales Force:

1. Own Sales Force, if so, number of sales staff: _____
2. Reps, Jobbers, etc., if so, number of: _____
3. Agents, if so, number of agents: _____
4. Total number of sales force: _____

Please describe your existing distribution channels:

Type of Account	% of Sales Volume	Main Accounts Sold To (please list)
Mass Merchants		
Discounters		
Department Stores		
Drug Chains		
Catalog Showrooms		
Toy Stores		
Mail Order Catalog		
Direct Mail		
Collectors Market		
Grocery Chains		
Warehouse Clubs		
Hardware Stores		
Specialty Stores		
Military Exchanges		
Sporting Goods Stores		
Internet		
Other (please specify)		

Estimate of *Annual Wholesale Sales Volume* of the items you wish to manufacture under this license:
(Please specify currency)

Year 1: _____ Year 2: _____

Accounts to whom you plan to sell the licensed products:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

If you currently manufacture a similar item, what was its wholesale dollar volume for most recent year?

Company sale volume for most recent year: _____

Company sale volume for previous year: _____



REFERENCES

Please list four retail and licensing references we can contact for an opinion on your product line and performance:

Company Name	Contact Person/Title	Telephone & E-mail
1.		
2.		
3.		
4.		

MARKETING INFORMATION

Do you plan to conduct any advertising or promotion to support the product? Yes ___ No ___

If yes, what type? (Please ✓)

- Consumer Advertising _____
- Trade Advertising _____
- In-Store Materials _____
- Sales/Trade Incentives _____
- Press Release _____
- Co-Op Advertising _____
- Other: (Specify) _____

Does your company use an advertising agency? Yes ___ No ___ (Please ✓)

Agency's Name: _____

Agency's Address: _____

Key Contact: _____

Telephone Number: (____) _____ E-mail: _____

What amount of advertising, promotion and merchandising funds do you plan to spend in support of this new licensed product for the first year, should you receive the license? \$ _____

Does your company have product design and artwork capability? Yes ___ No ___ (Please ✓)

If yes, is design done in house _____ or by an outside agency _____? (Please ✓)

Does your company have a formal Quality Control Program? Yes ___ No ___ (Please ✓)

LICENSING INFORMATION

Does your company currently manufacture any other products under licensing contracts?

Yes ___ No ___ (Please ✓)

If yes, please specify which licenses your company currently holds:

Licensing Company	Property	Years Under License



FINANCIAL INFORMATION

Bank Reference: Name: _____
Branch: _____
Address: _____
(Street)

(City) (State) (Zip)
Telephone: (_____) _____ Fax: (_____) _____

Credit Reference: Company Name: _____
Contact Person: _____
Address: _____
(Street)

(City) (State) (Zip)
Telephone: (_____) _____ Fax: (_____) _____

MANUFACTURING INFORMATION

Will your company actually manufacture this product? Yes ____ No ____

If no, who will manufacture this product? _____

Where will the product be manufactured? (Please √)

- United States/Domestic ____
- Foreign/International ____
- Both ____

Number of factories involved in manufacture of product: _____

Location of principal plants:

- 1. _____
- 2. _____
- 3. _____

IMPORTANT

Please include with this form any or all of the following information you can provide. The more information submitted, the faster MAE can make a decision on your application:

- 1. Annual Report, D&B, or other Financials.
- 2. Non-returnable product samples.
- 2. Sales Catalog.
- 3. Letters of commendation from retailers for product quality/service.
- 4. Newspaper/magazine articles about your company.

Information Supplied By: _____
Title: _____
Date: _____

