

POTENTIAL LICENSEE - BACKGROUND DATA FORM

ACCOUNT/ COMPANY NAME:

ACCOUNT/ COMPANY NAME (LOCAL LANGUAGE):

MRS/MS/MR/DR FIRST NAME:

LAST NAME:

LICENCE TYPE:

- Woolmark Licence
 Woolmark Blend Licence
 Wool Blend Licence

TYPE OF COMPANY:

- Spinner Maker-up
 Weaver Other: Please specify
 Knitter

ADDRESS DETAILS:

COUNTRY:

STREET:

CITY:

STATE / PROVINCE:

ZIP / POSTAL CODE:

ADDRESS DETAILS (LOCAL LANGUAGE):

COUNTRY (LOCAL LANGUAGE):

STREET (LOCAL LANGUAGE):

CITY (LOCAL LANGUAGE):

STATE / PROVINCE (LOCAL LANGUAGE):

ZIP / POSTAL CODE (LOCAL LANGUAGE):

PHONE:

FAX:

GST / VAT NUMBER:

WEBSITE:

DATE ESTABLISHED:

NUMBER OF EMPLOYEES:

COMPANY TURN-OVER (USD):

WHAT SAMPLE WILL BE SUBMITTED FOR ACCEPTANCE TESTING

CONTACTS:

MRS/MS/MR/DR

NAME MANAGING DIRECTOR (OR CHIEF EXECUTIVE)

EMAIL:

MRS/MS/MR/DR

ACCOUNTS PAYABLE (NAME)

EMAIL: