CLIENT INFORMATION SHEET
INTELLECTUAL PROPERTY CLINIC - TRADEMARK
NORTH CAROLINA CENTRAL UNIVERSITY SCHOOL OF LAW

Contact Information:

Name: __________________________________________________________________
Position: __________________________________________________________________
Mailing Address: ___________________________________________________________
________________________________________________________________________
________________________________________________________________________
Email address: __________________________________________________________________
Telephone Numbers:
Business: __________________________________________________________________
Cell: _____________________________________________________________________
Home: ___________________________________________________________________

Business Information:

Business Name: __________________________________________________________________
Entity Type: __________________________________________________________________
Principal Business Address: __________________________________________________
________________________________________________________________________
________________________________________________________________________
State of Incorporation: ______________________________________________________

Please describe the nature of the business and the status of business development:
________________________________________________________________________
________________________________________________________________________
Describe the specific products, including all goods and services, which the business intends to market.

________________________________________________________________________

________________________________________________________________________

Describe the marketing mechanisms that you intend to use to advertise your goods and services.

________________________________________________________________________

________________________________________________________________________

Describe the market channels through which you anticipate that your goods and services will be offered to the consumers of those goods or services, e.g. department stores, on-line, small shops, etc.

________________________________________________________________________

________________________________________________________________________

Trademark Information:

Trademarks and service marks (collectively “marks”) are used to distinguish one’s goods or services in the marketplace and to serve as single source identifiers for those products. Many businesses use their business names as marks but may also adopt additional marks for specific types of goods or services that they market. Some may not use their business name at all as a mark. Have you already identified specific marks that you wish to use in conjunction with your goods and services? If so, what marks have you identified to be used with specific goods and services?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
List any additional marks that you may have considered for adoption.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Have you already begun marketing your products in connection with a trademark or service mark? If so, please describe the details of such marketing including the date and place the relevant mark was first used.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Financial Eligibility:

Even though we consider each case individually, our guidelines are:

a. Individuals at 250% of the federal poverty guidelines or less;

b. Businesses with gross revenue of $100,000 or less;

c. Nonprofit organizations with operating budgets of $150,000 or less.

The documents we need from each individual to verify financial eligibility are:

a. Most recently filed Form 1040, including all Schedules and W-2(s) / 1099(s);

b. Two most recent paystubs and two most recent personal bank account statements;

c. Year-to-date and prior year business financials (profit & loss, balance sheet).

Date:

Signature: