Licensing Application

Date:_____

Company Name: _____

Physical Address: _____

Mailing Address:_____

City, State: _____ Zip Code _____

Phone #: _____ Fax #: _____

Web Site: _____ Years in Business: _____

Contact Name: _____

Contact E Mail: _____

Customer Type (check one) Manufacturer _____ Fabric Licensee _____

Patterns (check all that apply) Timbertec Brown _____ Timbertec Green _____ Timbertec Blaze _____

Timbertec Snow _____ Timbertec Pink _____ Other _____

Type of Products (If necessary add separate sheet) _____

Please submit samples of products, or a catalog/brochure (or photo if no available catalog/brochure)

All samples will not be returned.

Manufacturer Information:

Name: _____

Address: _____

Markets where products will be sold: _____

Comments: _____

Please send all applications to licensing department via mail:

Timbertec Outdoors, LLC
1829 Magnolia Drive
Lebanon MO 65536