WIDOWS SONS MASONIC RIDERS ASSOCIATION

TRADEMARK LICENSE HOLDERS



VENDOR APPLICATION FORM

|  |  |
| --- | --- |
| DATE | / / |

|  |  |
| --- | --- |
| DBA NAME |  |
| LEGAL BUSINESS NAME |  |
| EIN # |  | ARE YOU A NON-PROFIT BUSINESS |  YES NO |
| STATE OF OPERATION  |  |
| WHAT TYPE OF MERCHANDISE DO YOU SELL/MANUFACTURER |
|   |
|   |
|  |

|  |  |  |
| --- | --- | --- |
|  NAME OF APPLICANT  |  | EMAIL:  |
| TITLE/POSITION |  | PHONE: |

|  |  |
| --- | --- |
| ADDRESS |  |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  CITY |  | STATE |   |  POSTAL CODE |  |

MAIL TO:

WIDOWS SONS LOUISIANA TRADEMARK BOARD

427 NORTH THREAD STREET

SUITE 134

COVINGTON, LOUISIANA 70433

INCLUDE:

CHECK FOR $50.00 *MADE OUT TO* WIDOWS SONS LOUISIANA

*I certify that the information I have given on this form is true and correct to the best of my knowledge.*

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_