



License Application

Haas Outdoors, Inc. dba Mossy Oak Brand Camo
Attn: Pam Strickland
26420 E. Main Street • West Point, MS 39773
Telephone: 662-494-8859 • Fax: 662-492-0212
E-mail: pstrickland@mossyoak.com

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Mossy Oak Nativ Living Brand Managers
4135 West Main St. • Tupelo, MS 38801
Telephone: 662-844-2988 • Fax: 662-823-6966

Introduction

Thank you for your interest in pursuing a license with Mossy Oak Nativ Living. We appreciate the opportunity to put our Brand/Patterns on your products and work with you to provide value for your company. Please complete the application and return to the address shown above.

All information provided will be confidential.

If you are approved, we will require a one-time licensing fee of \$2,000.00.

If you have any questions or concerns, please do not hesitate to contact us at Mossy Oak Brand Camo Licensing Department:
Pam Strickland • E-mail: pstrickland@mossyoak.com.

Once all of the information is received, the application will be assigned to an Account Manager for review.

The review process normally takes 60-90 days.

Please check one: New Applicant Renewal Addendum

Interested in: Mossy Oak Brand Camo Mossy Oak Camo Patterns

 Mossy Oak Nativ Living

Your Company Information

Company Legal Name: _____

DBA (if different from above): _____

Physical Street Address: _____

City: _____ State: _____ Zip: _____

P.O. Box / Mailing Address (if different from above): _____

Telephone #: () _____ Fax: () _____

Web-site: _____

Number of years in business: _____

Is your company a subsidiary of another company? Yes No

If yes, please list: Company Name: _____

Address: _____

Telephone: () _____ Fax: () _____

Web-site: _____

Total Annual Sales Volume (for current year): _____

Total Annual Sales Volume (for previous year): _____

What percentage of your overall sales derived from licensed merchandise: _____ %

- Privately Held Company
- Publically Held Company

List key individuals within your organization. If you do not have a specific department or subcontract out, it would be the person responsible for answering questions in their field within your organization.

**** Primary Contact**

Name: _____
Telephone: _____
Cell: _____

Title: _____
Fax: _____
E-mail: _____

**** Secondary Contact**

Name: _____
Telephone: _____
Cell: _____

Title: _____
Fax: _____
E-mail: _____

**** Finance or Accounting Contact**

Name: _____
Telephone: _____
Cell: _____

Title: _____
Fax: _____
E-mail: _____

**** Signing Officer**

Name: _____
Telephone: _____
Cell: _____

Title: _____
Fax: _____
E-mail: _____

**** Social Media Manager**

Name: _____
Telephone: _____
Cell: _____

Title: _____
Fax: _____
E-mail: _____

Products

Do currently have other licenses? Yes No

If yes, please list: Company Name: _____
Company Name: _____
Company Name: _____

Description of Product(s) for Desired License:

Please list on last page. *(Your application will be delayed if this page is not filled out completely.)*

Product and General Liability Insurance Amount (Required upon execution of Agreement.)

Per Occurrence: \$1,000,000.00 (One Million US Dollars)

General Aggregate: \$2,000,000.00 (Two Million US Dollars)

Expected date of market entry: _____

1) Identify the promotional activities you would use to promote the products each year:

2) Current advertising agency:

Company Name: _____
Address: _____
Contact Name: _____
Title: _____
Telephone: _____
E-mail: _____

3) In which trade shows do you regularly participate? Please list:

Social Media Information: Please provide links, usernames, tags, for social media platforms.

Facebook: _____
Instagram: _____
Twitter: _____
Pinterest: _____
Other: _____

Please list e-commerce sites that you are currently affiliated with:

Please identify how you service retail accounts:

Types of sales staff:	# of People
<input type="checkbox"/> Company employed	_____
<input type="checkbox"/> Rep Groups	_____
<input type="checkbox"/> Mix of Company employed and Rep Groups	_____
<input type="checkbox"/> Commissioned agents	_____
<input type="checkbox"/> Other	_____

Distribution

- 1) Identify below the channels of distribution you currently do business in and the corresponding percentage of your business it represents. (Check all boxes that apply.)
- 2) Also, please identify which channels of distribution you are requesting for this contract. (Check all boxes that apply.)

Current Channels		Requested Channels
<input type="checkbox"/> Catalog	_____ %	<input type="checkbox"/>
<input type="checkbox"/> Department/Chain Stores	_____ %	<input type="checkbox"/>
<input type="checkbox"/> E-Commerce	_____ %	<input type="checkbox"/>
<input type="checkbox"/> Farm & Ranch Stores	_____ %	<input type="checkbox"/>
<input type="checkbox"/> Furniture Distributors	_____ %	<input type="checkbox"/>
<input type="checkbox"/> Furniture Retailers	_____ %	<input type="checkbox"/>
<input type="checkbox"/> Home Centers	_____ %	<input type="checkbox"/>
<input type="checkbox"/> Mass Retailers (Wal-Mart, Target)	_____ %	<input type="checkbox"/>
<input type="checkbox"/> Office Products	_____ %	<input type="checkbox"/>
<input type="checkbox"/> Rental	_____ %	<input type="checkbox"/>
<input type="checkbox"/> Sporting Goods/Outdoor	_____ %	<input type="checkbox"/>
<input type="checkbox"/> Toy Stores	_____ %	<input type="checkbox"/>
<input type="checkbox"/> Warehouse Clubs	_____ %	<input type="checkbox"/>
<input type="checkbox"/> Amazon	_____ %	<input type="checkbox"/>
<input type="checkbox"/> Home Shopping Networks	_____ %	<input type="checkbox"/>
<input type="checkbox"/> Discounters (Ross, Marshalls, TJ MaxX)	_____ %	<input type="checkbox"/>
<input type="checkbox"/> Direct Response (to the consumer)	_____ %	<input type="checkbox"/>
<input type="checkbox"/> Food Stores	_____ %	<input type="checkbox"/>
<input type="checkbox"/> Drug Stores	_____ %	<input type="checkbox"/>
<input type="checkbox"/> Arts & Craft Stores	_____ %	<input type="checkbox"/>
<input type="checkbox"/> Other(Please List):	_____ %	<input type="checkbox"/>

Describe the methods of distribution you intend to use (ex: drop-ship, centralized warehouse, wholesalers, letter of credit POM):

Which geographic regions do you distribute in the US?

Do you currently distribute outside of the US? Yes No

If yes, please list: _____

Can you drop ship direct to consumer? Yes No

References

Retail References: List your three largest retailers.

If you are requesting a multiple country license we would need this for each country.

Retailer Name: _____

Address: _____

Buyer Name: _____

Buyers Dept.: _____

Telephone: _____

E-mail: _____

Retailer Name: _____

Address: _____

Buyer Name: _____

Buyers Dept.: _____

Telephone: _____

E-mail: _____

Retailer Name: _____

Address: _____

Buyer Name: _____

Buyers Dept.: _____

Telephone: _____

E-mail: _____

Manufacturing Products

Will you? Manufacture Yourself Sub-Contract Both

Product Country of Origin: _____

Please include the following items.

- Licensing Application
- 1 Product Catalog
- 1 Company Brochure or Annual Report
- Photos of like products that you want to license

Note: Product concepts require approval.

Note: Pre-production samples may be required.

Note: Many of our licensee's work together, cross marketing products in their showrooms.

We encourage you to take advantage of these opportunities. This will help licensees broaden their distribution channels.

Signature: _____

Title: _____

Please do not forget to fill out page 7.

Thank you for trusting Mossy Oak Nativ Living to help grow your business!

