



NASCAR Prospective International Licensee Application

**One Wachovia Center
301 S. College Street, Suite 3900
Charlotte, NC 28202**

(Please note that application is incomplete without a signature on last page of document)

I. Basic Company Information

Name of Company: _____

Name of Parent Company: _____

Address: _____

Telephone: _____

Fax: _____

Email Address: _____

Website address: _____

Years in Business: _____

Publicly or Privately Held Company: _____

Name of Your Division: _____

Name and Title of Principal Contact: _____

II. Product Information

1. Description of Products for Which You Seek a License:

Product 1: _____

Product 2: _____

Product 3: _____

Product 4: _____

2. Properties for Which You Seek a License (please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> NASCAR | <input type="checkbox"/> NASCAR plus Drivers |
| <input type="checkbox"/> NASCAR NEXTEL Cup Series | <input type="checkbox"/> NASCAR plus Tracks |
| <input type="checkbox"/> NASCAR Craftsman Truck Series | <input type="checkbox"/> Other |

3. Territories for Which You Seek a License: _____

4. Estimated Wholesale Selling Price/Unit (USD)

Product 1:

Wholesale Price: _____

Suggested Retail Price: _____

Product 2:

Wholesale Price: _____

Suggested Retail Price: _____

Product 3:

Wholesale Price: _____

Suggested Retail Price: _____

Product 4:

Wholesale Price: _____

Suggested Retail Price: _____

5. Is a Prototype or Sample of the Product(s) to be Sold Available for Review?

Yes No

6. Does your Company Currently Manufacture and Sell the Item(s) in Question?

Yes No

Trade/Brand Names of Products Sold by Your Company: _____

III. Ownership/Management Information

1. Principal Owners (complete name, title and business address):

| | Name | Title | Address |
|----|-------------|--------------|----------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |

2. Principal Management:

President: _____

Vice President: _____

Sales Director: _____

Marketing/Advertising: _____

Chief Financial Officer: _____

IV. Financial Information

1. Bank Reference:

Name: _____

Branch: _____

Contact: _____

Phone: _____

Address: _____

2. Credit Reference

Name: _____

Contact: _____

Phone: _____

Fax: _____

Address:: _____

Name: _____

Contact: _____

Phone: _____

Fax: _____

Address: _____

If Company is Public, Please Provide an Annual Report.

V. Financial Data

1. Parent Company Information

Parent Company Sales (USD):

Previous Year: _____ Current Year _____ Projected Next Year _____

Total Licensed Sales (USD):

Previous Year: _____ Current Year _____ Projected Next Year _____

VI. Product and Purchasing Information

1. Are you the Manufacturer of the Finished Products? Yes No

If No, please list the Name, Address and Phone Number of the Company who manufactures each finished product.

Name: _____

Address: _____

Phone: _____

2. Do you purchase Blank Goods and decorate product? Yes No

If Yes, please list the Name, Address and Phone Number of the Company from whom you purchase Blank Goods.

Name: _____

Address: _____

Phone: _____

3. Do you decorate the product at your company address? Yes No

If No, please list the Name, Address and Phone Number of the Manufacturer(s) from whom you purchase Logoed Goods.

Name: _____

Address: _____

Phone: _____

4. Are You a Distributor? Yes No

If Yes, please attach a List that includes the Name, Address and Phone Number of the Manufacturer(s) from whom you purchase Logoed Goods.

5. Does Your Company Supply Blank Goods? Yes No

If Yes, please attach a List that includes a Full Description of the Blank Goods.

VII. Sales and Distribution Information:

1. Company Sales Volume (Annual Gross) for Last Three Years (USD):

Year 1: Sales Volume: _____

Year 2: Sales Volume: _____

Year 3: Sales Volume: _____

2. Distribution Capability: National Regional

3. Type of Sales Force:

In House Sales Force Reps, Jobbers etc. Agents

Other Please List: _____

4. Sales Distribution by Channel:

Mass Market Last Year This Year Top Customers: _____

National Chains Last Year This Year Top Customers: _____

Regional Chains Last Year This Year Top Customers: _____

Upper End Department Stores Last Year This Year Top Customers: _____

Mid-Tier Department Stores Last Year This Year Top Customers: _____

Discount Stores Last Year This Year Top Customers: _____

Wholesalers Last Year This Year Top Customers: _____

Sport Specialty/ Sporting Goods Last Year This Year Top Customers: _____

| | | | |
|-------------------------------|------------------------------------|------------------------------------|----------------------|
| Drug Stores | <input type="checkbox"/> Last Year | <input type="checkbox"/> This Year | Top Customers: _____ |
| Food Stores | <input type="checkbox"/> Last Year | <input type="checkbox"/> This Year | Top Customers: _____ |
| Convenience Stores | <input type="checkbox"/> Last Year | <input type="checkbox"/> This Year | Top Customers: _____ |
| Outlet Stores | <input type="checkbox"/> Last Year | <input type="checkbox"/> This Year | Top Customers: _____ |
| Catalog Stores | <input type="checkbox"/> Last Year | <input type="checkbox"/> This Year | Top Customers: _____ |
| Toy Stores | <input type="checkbox"/> Last Year | <input type="checkbox"/> This Year | Top Customers: _____ |
| Electronic Retail | <input type="checkbox"/> Last Year | <input type="checkbox"/> This Year | Top Customers: _____ |
| Military Bases | <input type="checkbox"/> Last Year | <input type="checkbox"/> This Year | Top Customers: _____ |
| Warehouse Clubs | <input type="checkbox"/> Last Year | <input type="checkbox"/> This Year | Top Customers: _____ |
| Other (Please specify) | <input type="checkbox"/> Last Year | <input type="checkbox"/> This Year | Top Customers: _____ |

5. Projected Estimate of Annual Wholesale Dollar Volume of the Items You Wish to Manufacture Under this License?

| | | | | |
|-------------------|--------|-------|--------|-------|
| Product 1: | Year 1 | _____ | Year 2 | _____ |
| Product 2: | Year 1 | _____ | Year 2 | _____ |
| Product 3: | Year 1 | _____ | Year 2 | _____ |
| Product 4: | Year 1 | _____ | Year 2 | _____ |

6. Accounts to which you plan to sell the Licensed Product(s):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

7. Please list three Retail Trade References We can contact and Who would be able to provide NASCAR with Information on Your Company's Product Line and Performance.

| Company | Contact | Phone |
|---------|---------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

VIII. Marketing Information

1. Do you plan to conduct any Advertising or Promotion to Support the Product?

Yes No

If yes, what type?

- | | |
|---|---|
| <input type="checkbox"/> Consumer Advertising | <input type="checkbox"/> In-store Materials |
| <input type="checkbox"/> Sales/Trade incentives | <input type="checkbox"/> Co-op Advertising |
| <input type="checkbox"/> Trade Advertising | <input type="checkbox"/> Other |

2. Does your Company have In-House Product Design and Artwork Capabilities?

Yes No

3. Describe your Quality Control Program: _____

IX. Other Licensing Information

1. Does Your Company currently manufacture any products under Licensing Contracts?

Yes No

Please specify which Licenses You currently hold:

1. Licensor/Contact Reference _____
Property(s)/Years Under License _____
Products Licensed _____

2. Licensor/Contact Reference

Property(s)/Years Under License

Products Licensed

3. Licensor/Contact Reference

Property(s)/Years Under License

Products Licensed

4. Licensor/Contact Reference

Property(s)/Years Under License

Products Licensed

5. Licensor/Contact Reference

Property(s)/Years Under License

Products Licensed

2. Does Your Company hold Licenses for any NASCAR Drivers and/or Teams?

Yes

No

1. Driver/Team - Term

2. Driver/Team - Term

3. Driver/Team - Term

4. Driver/Team - Term

5. Driver/Team - Term

6. Driver/Team - Term

7. Driver/Team - Term

8. Driver/Team - Term

X. Timing Information

Initial Marketing Date:

Date which Product can be presented to Buyers:

XI. Supplementary Items:

Please include the following with this Form:

- 1. Most Recent Annual Report or Audited Financial Statement**
 - 2. Sales Catalog(s)**
 - 3. A Business Plan for the Product(s)**
 - 4. Any Additional Information for NASCAR to include in consideration**
-

For NASCAR Use Only:

1. Date Application Received: _____
 2. Date Licensee: Informed of Decision: _____
 3. Comments: _____
-
-

XII. Prospective Licensee Statement:

1. I hereby affirm that my answers to the above questions are, to the best of my ability, true, accurate and complete. Information will be verified by NASCAR through credit reporting services. I understand that any license which may be granted to me by NASCAR will be subject to immediate termination, without the return of any amount paid or the abatement of any amount due, in the event that NASCAR finds that I have supplied false, misleading, fraudulent or incomplete information.
2. I hereby acknowledge the proprietary nature of all terminology and marks of NASCAR's clients and I further acknowledge that all rights, title and interest to such terminology and trademarks belong to each respective client. I agree that I will make no use of any of NASCAR's clients' trademarks or terminology without written consent from NASCAR. I understand that acceptance of this application by NASCAR does not constitute a license or that such acceptance requires NASCAR to enter into any licensing agreement.
3. I hereby agree that my product or concept submitted upon request will be reviewed and accepted or rejected at the sole discretion of NASCAR.
4. I understand that NASCAR is under no obligation or requirement to keep any of the information contained herein, or otherwise received by NASCAR in connection with the application and evaluation process, confidential. By submitting this application form to NASCAR, the Prospective Licensee specifically waives any rights and claims it may have with respect to the confidentiality or such information as well as any and all claims that NASCAR or any of its employees, successors, assigns, or designees is using, has used, or will in the future use an idea, method, concept, invention, improvement, work of authorship, data, process, discovery, format or other materials or items that is/are similar or identical to the information.

Signature required on following page

**OFFICER/AGENT OF
COMPANY:** _____

PRINT: _____

TITLE: _____

SIGNATURE: _____

DATE: _____

Return to:
Attn: Emily Leverone
NASCAR
One Wachovia Center
301 South College Street Suite 3900
Charlotte, NC 28202
Tel: (704) 348-9600
Fax: (704) 348-9696
eleverone@nascar.com