

LICENSING REQUEST FORM

Name _____

Title _____

Company _____

Email _____

Address _____

City, State and Zip _____

Country _____

Phone _____

Fax _____

Website _____

Has your company licensed before? Explain _____

Project or Product Description _____

License Type Commercial Non-commercial

Placement _____

Run Qty/Circulation _____

Size of Usage _____

Territories _____

Deadline _____

Duration _____

Exclusivity _____

Non-Exclusivity _____

Images Requested by ID Code _____

Date and Time Requested _____

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