

# Product Disclosure Form



**One Product Disclosure Form and Enhanced Sample must be submitted with each product that you wish to produce.** Submissions that are received without enhanced/decorated product samples or a Product Disclosure Form for each product submitted will not be approved. Products submitted for review will be retained by Learfield Licensing and will not be returned.

Completed Product Form

Product Sample (must show enhancement)

Mail both the completed Product Disclosure Form and Physical Sample to:

Learfield Licensing Partners, LLC  
Additional Products Department  
442 Century Lane Suite 100  
Holland, MI 49423

Thank you,

Learfield Administration

[products@learfieldlicensing.com](mailto:products@learfieldlicensing.com)

616-741-1839

# Product Disclosure Form

Licensed Company Name: \_\_\_\_\_

Product Description: \_\_\_\_\_

Wholesale Price \$\_\_\_\_\_ Retail Price \$\_\_\_\_\_ (enter N/A if items not resold)

Method of Enhancement:  Screenprint  Embroidery  Sublimation  
 Tackle Twill  Woven  Carved/Etched  
 Engraved / Etched  Hand Painted  Embossed/Stamped  
 Offset Printing  Digital/Laser Print  Heat Transfer  
 Other: \_\_\_\_\_

**Do you apply the logo to this product at your company's primary location?**

YES  NO: **REQUIRED:** Provide information for the Company that applies the logo to this product:

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Do you manufacture the blank goods?**

YES  NO: **REQUIRED:** Provide information for the company from whom you purchase blank goods:

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**FOR INTERNAL USE ONLY**

TO BE COMPLETED BY THE UNIVERSITY UPON LEARFIELD LICENSING'S REQUEST

Product Approved  Product Disapproved

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