

# HAAS CNC RACING

## SUBLICENSE APPLICATION

Please complete and return this application to the following address:

**Hendrick Gordon Licensing, LLC  
ATTN: Haas Licensing  
4345 Papa Joe Hendrick Blvd  
Charlotte, NC 28262**

**RETURN THIS APPLICATION WITH A CHECK MADE PAYABLE TO  
"HENDRICK GORDON LICENSING" FOR \$200  
AS A NON REFUNDABLE APPLICATION FEE**

If additional space is needed to adequately answer any of the below items, attach additional pages referencing that particular item number.

### **I. Company Information:**

A. Name of Company: \_\_\_\_\_

Other Assumed Names Used (if any): \_\_\_\_\_

B. State of Incorporation or Organization: \_\_\_\_\_

C. Type of Entity

Corporation       Limited Liability Company

Partnership       Other: \_\_\_\_\_

D. Mailing Address:

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

*Street or P.O. Box*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

E. Street Address (if different than above):

Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City State Zip*

F. Telephone: (\_\_\_\_\_) \_\_\_\_\_  
*Area Code Number*

Facsimile No.: (\_\_\_\_\_) \_\_\_\_\_  
*Area Code Number*

Email Address of Primary Contact: \_\_\_\_\_

**II. Ownership/Management Information:**

A. Describe the ownership structure of your business (complete name and business address) for principal owners:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Principal Management (Designate who will be primary contact with an asterisk "\*\*") (as applicable):

1. President: \_\_\_\_\_

2. Person Signing Contract: \_\_\_\_\_

3. Licensing Coordinator: \_\_\_\_\_

4. Sales Director: \_\_\_\_\_

5. Marketing/Advertising Director: \_\_\_\_\_

6. Chief Financial Officer: \_\_\_\_\_

7. Counsel (if applicable): \_\_\_\_\_

8. Other: \_\_\_\_\_

C. Years in Business: \_\_\_\_\_

**III. Information on Product(s) to be Submitted for Sublicensing:**

A. Description of Product(s) for which you seek a Sublicense:

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B. Identify the properties (driver, team, sponsor, etc.) for which you are seeking a Sublicense:

- Jeremy Mayfield, #70, Haas Automation (Sponsor) (Nextel Cup Series )
- Scott Riggs, #66, State Water Heaters/Haas Automation ( Nextel Cup Series )
  
- Jeremy Mayfield #70/name and number only (no sponsor marks )
- Scott Riggs/#66 name and number only (no sponsor marks)
  
- #66,#70/Haas Automation ( Cup Car)
- #66,#70/State Water Heaters (Cup Car)

Haas CNC Racing only

Other: \_\_\_\_\_

C. Quantity of product(s) you desire to produce: \_\_\_\_\_

D. Estimated Wholesale Selling Price/Unit: \_\_\_\_\_

E. Estimated Retail Price/Unit: \_\_\_\_\_

F. Proposed Royalty Structure: \_\_\_\_\_

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G. Proposed annual minimum guaranteed royalty: \$ \_\_\_\_\_

H. Requested Term of Sublicense Agreement: \_\_\_\_\_

I. Has the Product(s) been tested for compliance with:

American Society for Testing and Materials Standards  YES  NO

Consumer Product Safety Commission Standards  YES  NO

Other laws: \_\_\_\_\_

(cont')

Results: \_\_\_\_\_ (attach reports)

If no testing, indicate method for ensuring compliance: \_\_\_\_\_

\_\_\_\_\_

J. Will the product(s) be used in connection with any other trademarks or proprietary rights?

YES       NO

Identify: \_\_\_\_\_

Source of Rights in these Marks: \_\_\_\_\_

\_\_\_\_\_

I. Attach a sample or prototype of each product to this Sublicense Application

**IV. Marketing Information:**

A. Describe any advertising and promotional materials or programs you plan to use to market the above products:

\_\_\_\_\_  
\_\_\_\_\_

B. Describe anticipated timing for the marketing and production of each proposed licensed product:

\_\_\_\_\_  
\_\_\_\_\_

C. Does your firm use an advertising agency? \_\_\_\_\_

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Key Contact: \_\_\_\_\_

4. Telephone No.: ( \_\_\_\_\_ ) \_\_\_\_\_

D. What amount of advertising, promotion and merchandising funds do you plan to spend in support of this new licensed product for the first year should you receive the license?

\$ \_\_\_\_\_

And what type?

- |   |   |
|---|---|
| <input type="checkbox"/> Consumer Advertising | <input type="checkbox"/> Trade Advertising      |
| <input type="checkbox"/> In-store Materials   | <input type="checkbox"/> Sales/Trade Incentives |
| <input type="checkbox"/> Other _____          |   |

E. Does your company have product design and artwork capability?

- YES     NO

F. If yes, who does the design?

- Company Art Department     Free Lance     Agency

G. Does your company have a formal Quality Control Program? \_\_\_\_\_

If "yes", what criteria is used for Quality Control?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**V. Manufacturing Information:**

A. Will your company actually manufacture this product? \_\_\_\_\_

B. If not, who will manufacture this product? [Manufacturing Agreement required]  
(Name, address, telephone number): \_\_\_\_\_

\_\_\_\_\_

C. Where will the product be manufactured?

- U.S. Domestic     Foreign     Both

D. Number of factories involved in manufacture of product: \_\_\_\_\_

E. Location of principal plants (Complete address, telephone number):

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VI. Sales and Distribution Information:**

A. Company sales volume for most recent year: \$ \_\_\_\_\_

B. Company sales volume for previous year: \$ \_\_\_\_\_

C. Distribution capability:

International (No. of Countries \_\_\_\_\_) list:

_____	_____
_____	_____
_____	_____
_____	_____

National       Regional      (No. of States \_\_\_\_\_)

D. Territory where Sublicense requested:

Trackside       USA

Other \_\_\_\_\_

E. Sales Force

1.  Own Sales Force - No. of Salespersons: \_\_\_\_\_

2.  Reps, Jobbers, etc. - No.: \_\_\_\_\_

3.  Agents - No.: \_\_\_\_\_

4. Total number of Field Sales Force: \_\_\_\_\_

F. Current Distribution:

<u>Type of Account</u>	<u>Percent of Sales Volume</u>	<u>Leading Accounts Sold</u>
1. National Chains	_____	_____
2. Regional Chains	_____	_____
3. Department Stores	_____	_____
4. Buying Offices	_____	_____
5. Discount Stores	_____	_____
6. Drug Stores	_____	_____
7. Food Stores	_____	_____
8. Convenience Stores	_____	_____
9. Catalog Stores	_____	_____
10. Toy Stores	_____	_____
11. Other (Specify)	_____	_____

G. Estimate of annual dollar volume of the items you wish to manufacture under this License.

Year 1 \$ \_\_\_\_\_ Year 2 \$ \_\_\_\_\_

H. Accounts to whom you plan to sell the licensed products:

Wholesale: \_\_\_\_\_

Retail: \_\_\_\_\_

Other: \_\_\_\_\_

I. If you currently manufacture a similar type of item, what was its wholesale dollar volume for most recent year? \$ \_\_\_\_\_

J. Please list three trade references we can contact, who would be able to provide us with an opinion on your company's product line and performance:

<u>Company Name</u>	<u>Contact</u>	<u>Telephone No.</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

K. List trade shows where you exhibit your product:

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L. List other products your company sells that are not included in this Sublicense Application:

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**VII. Licensing Information:**

A. Does your company currently manufacture any other products under licensing contracts?

YES       NO

B. Specify which licenses your firm currently holds:

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C. Has your company ever applied for a Sublicense with Haas CNC Racing?

YES       NO

If yes, explain: \_\_\_\_\_

**VIII. Insurance:**

A. Does your company carry product liability insurance? \_\_\_\_\_ If so, list carrier and amount of coverage:

Insurance Carrier: \_\_\_\_\_ Individual Limit: \$ \_\_\_\_\_

Type of Coverage: \_\_\_\_\_ Aggregate Annual Limit: \$ \_\_\_\_\_

Expiration: \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

**IX. Financial Information:**

A. Bank References:

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

Branch: \_\_\_\_\_

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

Bank Contact: \_\_\_\_\_

Telephone: \_\_\_\_ ( \_\_\_\_ ) \_\_\_\_\_

Credit References (name, address and telephone number):

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- B. D & B Number: \_\_\_\_\_
- C. Most Current D & B Rating: \_\_\_\_\_
- D. Please include a copy of your most recent D & B Report.
- E. As an individual, as an officer of a corporation or as a partner in a partnership, have you ever filed for bankruptcy voluntarily or been proceeded against involuntarily as bankrupt. If yes, give details - date, court, case number, etc.: \_\_\_\_\_
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**X. Additional Information:**

- A. Please enclose any additional information you believe may be helpful in evaluating your Sublicense request which should include but not be limited to the following:
1. Non refundable product samples, art work and marketing materials at no charge to Haas CNC Racing, for evaluation of quality, workmanship, materials, etc.
  2. Annual Report and/or Balance Sheet and Income Statement.
  3. Catalogs, brochures and promotional materials which illustrate or reference your company's products.

**XI. Prospective Sublicensee Statement**

I hereby attest that the information included herein is true and complete. I understand that any Sublicense which may be granted to this company by Haas CNC Racing Inc. will be subject to immediate termination, without the return of any amount paid (including the non refundable application fee) or the abatement of any amount due, in the event Haas CNC Racing Inc. finds that any of the information contained herein is false, misleading, fraudulent or incomplete in any material respect.

I hereby acknowledge the proprietary nature of all names, likenesses and marks of the properties represented by Haas CNC Racing Inc. and that until such time, if any, as a Sublicense has been issued to this company no rights exist for use thereof.

I understand that this application does not constitute an offer from Haas CNC Racing Inc., or imply any obligation on the part of Haas CNC Racing Inc. to grant a Sublicense in any category. Haas CNC Racing Inc. may reject this Application for any reason. I understand that the application fee is non refundable under any circumstances and that I will not receive credit against future royalties due for any or all of the application fee.

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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TO BE COMPLETED BY HAAS CNC RACING INC.

Application Fee Received? Date: \_\_\_\_\_

Sublicense granted?

No  Yes If so, product(s) \_\_\_\_\_  
\_\_\_\_\_

Sublicense No.: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_

Date Sublicensee Agreement mailed: \_\_\_\_\_

Date Signed Sublicense Agreement Received: \_\_\_\_\_

Properties Sublicensed: \_\_\_\_\_  
\_\_\_\_\_

Territory: \_\_\_\_\_

Royalty: \_\_\_\_\_

Guaranteed Minimum: \_\_\_\_\_

Sample Received?  Yes  No Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Driver Approval  Team Approval  Sponsor Approval

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

Other Approval

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

Insurance Certificate Submitted?  Insurer \_\_\_\_\_

Type: \_\_\_\_\_ Amount: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Renewed?  Yes  No