



LONGLEAF CAMO™

Only Nature Does It Better™

LONGLEAF CAMO, LLC
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LICENSING APPLICATION

Date: _____

Company Name: _____ Years in Business: _____

Physical Address: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone Number: _____ Fax Number: _____

Web Site: _____

Primary Contact: _____ E-mail: _____

Secondary Contact: _____ E-mail: _____

Customer Type: Manufacturer: _____ Fabric Licensee: _____

Type of Products: See Attached Form

Patterns you wish to license: LONGLEAF Green _____ LONGLEAF Brown _____

Date of Proposed Introduction to Market: _____

Manufacturer's Information:

Name: _____

Location: _____

Accounts where you plan to sell your products: _____

Additional Comments: