

**TRADEMARK CONSULTATION FORM**

Today's Date: \_\_\_\_\_

**Contact Information**

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

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

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

Type of organization and State where organized (e.g., Ohio Corporation)

\_\_\_\_\_

Person(s) authorized to sign on behalf of organization: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Facsimile: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Mark Information**

Name of Mark(s): \_\_\_\_\_

Is the mark(s) for a  product or a  service?

Provide a description of the goods or services that are sold or will be sold under the mark(s). (e.g., a software program and support services for a health insurance billing system.)

\_\_\_\_\_

\_\_\_\_\_

Has the mark(s) been used with the identified goods/services?

Yes. Date of first use: \_\_\_\_\_

How have you used the mark with the goods or services (e.g., advertising, marketing, on labels attached to the goods and products)?

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

Have you used the mark across state lines?

Yes. Date first used across state lines: \_\_\_\_\_

No. Approximate date expect to use: \_\_\_\_\_

No. This is an "intent-to-use" situation.  
When do you expect to start selling the goods or services with the mark:

In the state: \_\_\_\_\_

Across state lines: \_\_\_\_\_

Have you filed for a registration anywhere else (e.g., state or foreign country)?

Yes. When? \_\_\_\_\_

No. Do you expect to use the mark in another country?

Yes. When? \_\_\_\_\_

No.

Fee received: \_\_\_\_\_ For: \_\_\_\_\_

Ron Richter of HASSE & NESBITT LLC

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

The above-identified person(s) has received a copy of this Initial Client Consultation and Confidentiality Form.

\_\_\_\_\_ Date: \_\_\_\_\_  
Mark: Owner(s)/Applicant(s) Signature