

Licensing Inquiry

Company Name: _____

Address: _____

Telephone No.: _____

Fax No.: _____

Website Address: _____

Principal Contact Name: _____

Identification of Proposed use of Hydroxysomes™:

Description of Bio-active: _____

Product Claims (Field of Use): _____

Exclusive Non-Exclusive interest for the requested field of use

List territories (including regions and countries) in which Proposed Product will be licensed:

Additional Information:
