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REQ. # UNF Dept.

Date: _____

The Office of Trademark Licensing
Department of Intercollegiate Athletics
University of North Florida
(904) 620-1537
FAX: (904) 620-2836

Art Approval Form

Contact Name: _____ Phone: _____

Organization/Department: _____ Fax: _____

Product: _____ Quantity: _____

Company Imprinting Merchandise: _____
(Must be a Licensed Vendor)

Purpose: _____

Distribution (resale, members only, department only, etc.): _____

Color of merchandise and Color of logo: _____

<p>APPROVED <input type="checkbox"/> APPROVED W/CHANGES <input type="checkbox"/> DISAPPROVED <input type="checkbox"/></p> <p>ROYALTY PAYMENT REQUIRED FOR THIS JOB;</p> <p>YES: _____ NO: _____</p> <p><small>This area to be completed by Office of Trademarks & Licensing</small></p>

Comments: _____

Signature of Trademark Licensing

Date

Note: Copy of artwork must be attached. Art approvals are limited to the job specified on this sheet. Re-orders require additional approval.