

BINNEY & SMITH LICENSING APPLICATION

INTRODUCTION

Thank you for your interest in pursuing a license with Binney & Smith, makers of Crayola crayons and other children's creative products. Please take a few moments to review the enclosed information about our company and then complete the application. All information provided will be confidential and will be seen by only select BINNEY & SMITH employees.

Brands interested in:

- Crayola
 Silly Putty

- If you have any questions, please do not hesitate to contact us at:

Crayola Licensing Dept
(610) 253-6272

- Please send "completed" applications to:

Crayola LLC.
1100 Church Lane
P.O. Box 431
Easton, PA 18044-0431
Attn: Licensing Department

**** Please enclose the following items along with the application:**

- 3 - Product catalogs**
 3 - Company brochures or Annual reports
 Samples of like products you want to license

ABOUT BINNEY & SMITH

See Power Point Presentation under separate cover.

YOUR COMPANY

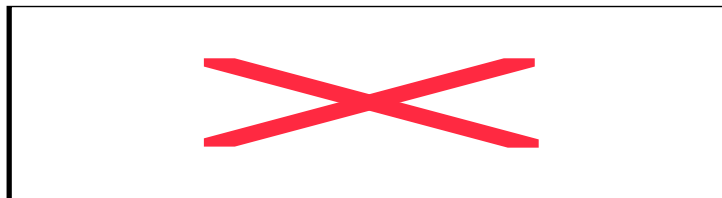
1) General information:

Name: _____
Address: _____

Telephone #: _____
Fax #: _____
Website: _____

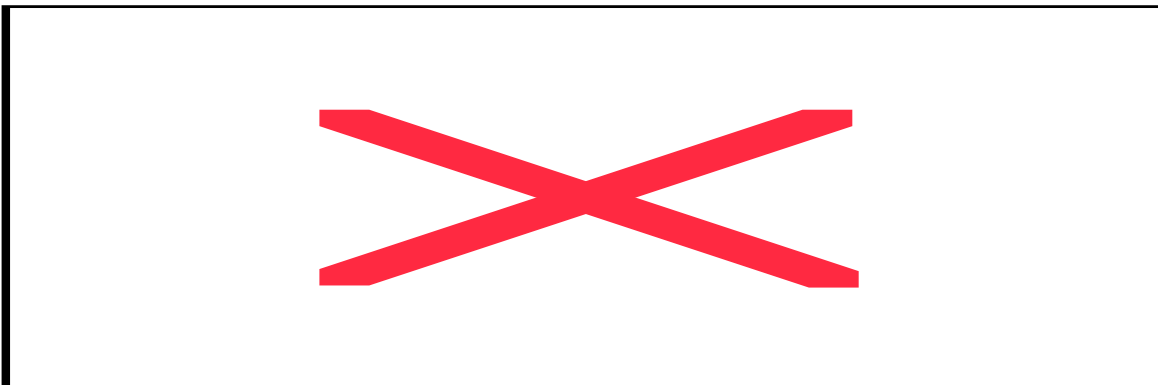
2) Number of years in business: _____

3) Annual Sales and Net Income (US \$) for the past three years (fiscal or calendar). This information is required even if you are a privately held company:



4) What percentage of your companies overall sales are derived though Licensed Merchandise?

5) List key individuals within your organization. If you do not have a specified department or sub-contract out, it would be the person responsible for answering questions in that field within your organization.



6) Is your company a subsidiary of another company? Yes No

If yes then:

Name: _____

Address: _____

Telephone #: _____

Fax #: _____

Website: _____

7) Have there been any voluntary or involuntary bankruptcies of your company?

Yes No

8) Have any claims been filed against your company for trademark, copyright, patent infringement or product liability?

Yes No

9) Do you currently license the rights to any other Licensed Properties?

> If yes please complete the following for your top 3 properties:

Property: _____

Company Name: _____

Address: _____

Contact Name: _____

Telephone: _____

Email: _____

Years under License: _____

Property: _____

Company Name: _____

Address: _____

Contact Name: _____

Telephone: _____

Email: _____

Years under License: _____

Property: _____

Company Name: _____

Address: _____

Contact Name: _____

Telephone: _____

Email: _____

Years under License: _____

REFERENCES

1) **Retail References: List your three largest retailers. If you are requesting a multiple country license we would need this for each country.**

Retailer Name: _____

Address: _____

Buyer Name: _____

Buyer's Dept: _____

Telephone: _____

Email: _____

Retailer Name: _____

Address: _____

Buyer Name: _____

Buyer's Dept: _____

Telephone: _____

Email: _____

Retailer Name: _____

Address: _____

Buyer Name: _____

Buyer's Dept: _____

Telephone: _____

Email: _____

2) **Please list two credit references (suppliers or vendors)**

Company Name: _____

Address: _____

Contact Name: _____

Contact Title: _____

Telephone: _____

Email: _____

Company Name: _____

Address: _____

Contact Name: _____

Contact Title: _____

Telephone: _____

Email: _____

3) **Please list a bank reference.**

Company Name: _____

Address: _____

Contact Name: _____

Contact Title: _____

Telephone: _____

Email: _____

FINANCIALS & FORMS

1) Length of the initial contract desired (maximum: 3 years): _____

Year 1

Year 2

Year 3

Year 4

2) Annual Sales Projections

3) Minimum Guarantee:

4) Advance Payment:

5) Royalty Rate:

6) Royalty Reporting form - see attached

7) Quarterly Projections report form - see attached

8) Product approval form - see attached

9) Product Testing summary form - see attached

THE PRODUCT(s)

1) Briefly describe the product(s) on which you would like to license. Attach JPEG files (photo's) if appropriate: (be as specific as possible)

A) Product Description: _____

Target Audience: _____

Target retail price: _____

Competitive Products: (please provide sample of each)

| | <u>Name</u> | <u>Brand</u> | <u>Suggested Retail Price</u> |
|----|-------------|--------------|-------------------------------|
| 1) | | | |
| 2) | | | |
| 3) | | | |

B) Product Description: _____

Target Audience: _____

Target retail price: _____

Competitive Products: (please provide sample of each)

| | <u>Name</u> | <u>Brand</u> | <u>Suggested Retail Price</u> |
|----|-------------|--------------|-------------------------------|
| 1) | | | |
| 2) | | | |
| 3) | | | |

C) Product Description: _____

Target Audience: _____

Target retail price: _____

Competitive Products: (please provide sample of each)

| | <u>Name</u> | <u>Brand</u> | <u>Suggested Retail Price</u> |
|----|-------------|--------------|-------------------------------|
| 1) | | | |
| 2) | | | |
| 3) | | | |

D) Product Description: _____

Target Audience: _____

Target retail price: _____

Competitive Products: (please provide sample of each)

| | <u>Name</u> | <u>Brand</u> | <u>Suggested Retail Price</u> |
|----|-------------|--------------|-------------------------------|
| 1) | | | |
| 2) | | | |
| 3) | | | |

E) Product Description: _____

Target Audience: _____

Target retail price: _____

Competitive Products: (please provide sample of each)

| | <u>Name</u> | <u>Brand</u> | <u>Suggested Retail Price</u> |
|----|-------------|--------------|-------------------------------|
| 1) | | | |
| 2) | | | |
| 3) | | | |

2) Anticipated first ship date _____

DISTRIBUTION

1) Identify below (check all boxes that apply) the channels of distribution you currently do business in and the corresponding percentage of your business.

| | <u>Sell in</u> | <u>Share of Business</u> |
|--|--------------------------|--------------------------|
| a) Mass Retailers (K-Mart, Walmart, Target): | <input type="checkbox"/> | % |
| b) Food Stores | <input type="checkbox"/> | % |
| c) Drug Stores | <input type="checkbox"/> | % |
| d) Warehouse clubs | <input type="checkbox"/> | % |
| e) Department Stores | <input type="checkbox"/> | % |
| f) Convenience (mini-markets) | <input type="checkbox"/> | % |
| g) Home Centers | <input type="checkbox"/> | % |
| h) Office Products | <input type="checkbox"/> | % |
| i) Art & Craft (AC Moore, Michael's) | <input type="checkbox"/> | % |
| j) Foodservice | <input type="checkbox"/> | % |
| k) Fund Raising | <input type="checkbox"/> | % |
| l) Direct Response (to the consumer) | <input type="checkbox"/> | % |
| m) Others: | <input type="checkbox"/> | % |
| _____ | <input type="checkbox"/> | |
| _____ | <input type="checkbox"/> | |

2) Describe the methods of distribution you intend to use (ex: drop-ship, centralized warehouse, wholesalers, letter of credit POM):

| 2) Type of sales staff: | <u># of people</u> |
|---|---------------------------|
| <input type="checkbox"/> Company employed | |
| <input type="checkbox"/> Rep Groups | |
| <input type="checkbox"/> Mix of Company employed & Reps | |
| <input type="checkbox"/> Commissioned agents | |
| <input type="checkbox"/> Other _____ | |

PROMOTING THE PRODUCTS

1) Identify the promotional activities you would use to promote the products each year:

3) Current advertising agency:

Company Name: _____
Address: _____

Contact Name: _____
Contact Title: _____
Telephone: _____
Email: _____

4) In which trade shows do you regularly participate?

MANUFACTURING

1) Will you:

Manufacture yourself Sub-contract Both

2) Please provide the following information for each of the planned manufacturing facilities:

Company Name: _____
Address: _____

Contact Name: _____
Contact Title: _____
Telephone: _____
Email: _____
Country: _____

Company Name: _____
Address: _____

Contact Name: _____
Contact Title: _____
Telephone: _____
Email: _____
Country: _____

OTHER INFORMATION