



New England Patent & Trademark  
1 Salem Green, Suite 405  
Salem, MA 01970  
1-866-441-3460  
1-978-882-0161 (facsimile)  
www.patentstrademarklaw.com

## TRADEMARK QUESTIONNAIRE

Please fill out the enclosed questionnaire. Please attach any additional pages or drawings. E-mail all documents to [attorney@patentstrademarklaw.com](mailto:attorney@patentstrademarklaw.com) or fax them to the number provided above.

Client Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

### Trademark Description

**1. Please indicate if your mark contains a design element or if it is merely composed of word(s), letter(s), number(s), or any combination thereof, with no design element:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Please indicate the word(s), letter(s), number(s) or any combination thereof, if any, that are contained in your mark:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_







### **Mark Ownership**

An individual, a partnership, a sole proprietor, a trust, an estate, a corporate entity, or virtually any type of recognized entity may apply for a trademark application as long as the entity is in existence prior to filing the trademark application.

**Please provide the following information for the type of entity which will initial own the mark:**

#### **Individual/Sole Proprietor**

Name: \_\_\_\_\_

Citizenship: \_\_\_\_\_

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

City, State and Zip of Residence: \_\_\_\_\_

Name of Business: \_\_\_\_\_

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

City, State and Zip of Business Address: \_\_\_\_\_

State of Organization: \_\_\_\_\_

#### **Corporation/LLC**

Name of Entity: \_\_\_\_\_

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

City, State and Zip: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

#### **Partnership**

Partnership Name: \_\_\_\_\_

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

City, State and Zip: \_\_\_\_\_

\_\_\_\_\_

State of Organization: \_\_\_\_\_

Partner Names and  
Citizenships: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

**Other Entities**

Entity Name: \_\_\_\_\_

Entity Type: \_\_\_\_\_

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

City, State and Zip: \_\_\_\_\_

State of Organization: \_\_\_\_\_

Active Member  
Names and  
Citizenships: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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