



New England Patent & Trademark
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TRADEMARK QUESTIONNAIRE

Please fill out the enclosed questionnaire. Please attach any additional pages or drawings. E-mail all documents to 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:

Blank lines for response to question 1

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

Blank lines for response to question 2

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**3. Please describe the design element, if any, for your mark** (Please include a description of the colors of your mark that you wish to claim as a feature of the mark.):

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**4. If your mark contains a design element, please provide a specimen of the mark exactly as you would wish the mark to appear on your registration certificate, if the mark registers.** (We would prefer an electronic copy of the mark. If you wish to claim a color of the mark, we will need a color specimen.)

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**5. Please indicate which types of goods or services that you are or intend to use the mark in connection with:**

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**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: \_\_\_\_\_