



FLORIDA FOUNDATION SEED PRODUCERS, INC. (FFSP)
REQUEST FOR NON-EXCLUSIVE LICENSE
CONTACT INFORMATION FORM

CROP/SPECIES		CULTIVAR	
COMPANY NAME			
CONTACT PERSON			
MAILING ADDRESS			
CITY		STATE	ZIP
OFFICE PHONE		FAX	
E-MAIL ADDRESS			
WEBSITE			

Please briefly describe why your company is qualified to market and sell this cultivar.

Projected sales (# seed or #plants/year): _____

Please provide a reference who can attest to your company's reputation. FFSP reserves the right to contact this reference.

Name and Company: _____

Phone: _____ E-Mail Address: _____

By signing this form, I affirm that I am a legally authorized officer of my company and that I have the legal authority to sign and execute a binding agreement on behalf of my company. I understand that submission of this form does not guarantee that FFSP will grant my company a license agreement. The decision to grant license agreement(s) is at the complete discretion of FFSP.

Signature of Company Officer: _____ Date: _____

Print Name and Title: _____

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For more information, visit <http://www.ffsp.net>