



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

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

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

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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>