

TRADEMARK^{it}

Trademark Registration Application Form

Please PRINT THIS PAGE, complete in as much detail as possible, and fax or mail it to us as listed below. Please call 1800 665 575 if you require assistance.

Company or Business Name: _____

Address: _____

_____ Postcode: _____

Owner of Trademark: _____

Contact Name: _____

Telephone: _____ Facsimile: _____

Mobile Phone: _____

Email Address: _____

By submitting this form I agree with the terms and conditions contained in the TRADEMARKit Website

Proposed Trademark to be registered (words and/or logo):

Goods and services you supply using the mark: _____

Application to register a Trademark –

In a Single Class AU\$495.00

Additional Classes AU\$275.00 (per class)

Enclosed is my cheque payable to "Shiff and Company Trust Account" in the amount of \$ _____

Or Please charge my credit card as follows

Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Credit Card Number: _____
Name On Card: _____
Expiry Date ____/____ Signature: _____

FAX this form to (03) 9620 2643 (International Dial 61-3-9620 2643), or

MAIL: Trademarkit, Level 2, 34 Queen Street, Melbourne VIC 3000 Australia

Email: info@trademarkit.com.au

Web: www.trademarkit.com.au

Your payment will be credited into our Trust Account and applied to our fees and the application fees. We will forward you a tax invoice in due course. We will also contact you if we require further information, and to advise search results.