

USA Floor Care ®  
12864 Biscayne Blvd # 285  
North Miami, FL 33181  
Tel/Fax: 866-463-0825

**Application for Trademark Licensing Agreement**

Company: \_\_\_\_\_ Corporation / Sole Proprietor  
Enter your name above if not a corporation and operating as an individual

Owner / President: \_\_\_\_\_ Tel: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing address: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Business address: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Existing Business: Yes / No If yes, how long in business? \_\_\_\_\_ years

What services do you already provide? \_\_\_\_\_

\_\_\_\_\_

What services do you want to provide or add? \_\_\_\_\_

\_\_\_\_\_

Do you have equipment? Yes/No If no, how much to invest? \_\_\_\_\_

What Licensing, Insurance or Certifications do you have, if any? \_\_\_\_\_

\_\_\_\_\_

When do you plan to start as a Licensee of USA Floor Care? \_\_\_\_\_

Will you need training with USA Floor Care in Florida? Yes / No

If yes, dates? \_\_\_\_\_

List all counties and cities within the counties you wish to be the  
USA Floor Care service provider:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Use additional paper if necessary and fax or mail this application to USA Floor Care