

INTERNATIONAL TRADEMARKS

The fields marked with the asterisk (*) can't be left empty

DENOMINATION FOR REGISTRATION

Name *
Products
Services
Activities *
Kind * International denominative trademark
 International trademark with graphic

Indicate the countries

Company or companies and/or physical person or people in the name of whom the protection of this denomination is asked for:

Name/s *
Address/s *
Town * Postal Code *

WITH GRAPHIC DESIGN

Yes Send by post
 Send by e-mail
No

KIND OF DENOMINATION CHOSEN

If you have applied for a trademark in any State, specify it. If you have exhibit your products or services in any expo or any fair, specify it. Otherwise, ignore this section.

Priority claim (6 month maximum) (Example: 01/02/99)
Application form (example: trade mark, trade name, etc.)
Granted in the country
Expo name
Carry out in the town of
1st.date of the goods/services exhibition in the expo

NAME AND ADDRESS FOR BUSSINESS CONTACTS

Company and/or Physical Person *
Address Postal Code (zip)
Town Country
Other address requeriments
Woman/man for business contact* Bass of
Tel * Fax
E-mail* http://

HOW DO YOU WISH TO PAY IT? *

By credit card

Visa Mastercard American Express Diners Club

Credit Card N.
Expires end
Name

I authorize to charge in my
credit card the amount of:

Euros

**International money
order:**

Count: 2100-0857-38-0200287657-SWIFT
CAIX ES BB

WE WILL BEGIN TO APPLY FOR OUR DISTINCTIVE SIGN WHEN WE HAVE YOUR PAYMENT
CONFIRMED

Print this page, fill it in, SIGN IT and send you for electronic mail: info@padulles.com or for
Fax: 93 454 55 16

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