

PRODUCT APPROVAL APPLICATION - SOCKS



Date: _____

I. TRADEMARK LICENSE COMPANY

Company name: _____

Brand: _____

Address: _____

Contact person: _____

Phone: _____

E-Mail: _____

II. PRODUCT INFORMATION

Name / Style/ Art.: _____

Intended Use: _____

Description of product: _____

III. FABRIC / FIBER USE APPROVAL

Composition: _____

Yarn supplier: _____

Yarn quality no. (from supplier): _____

Part of the sock where the _____

Outlast® fiber(s) is/are used:* _____

* Please describe exactly, where the Outlast® fiber is used (part of the sock, inner or outer side, etc.). Also if the different yarns correspond to different colors, please specify accordingly.

Send product(s) for approval to:

Outlast Technologies GmbH
Att.: Mrs. Sandra Perez
In den Seewiesen 26/1
D-89520 Heidenheim / Germany

Mail: sandra.perez@outlast.com
Phone: +49.7321.272 27 18

All product(s) sent in for product certification must be sent freight prepaid. Samples ideally already include Outlast® branding (labels/print, packaging) and will remain in Outlast® lab archives.

Please include one copy of this prefilled form as printout with your samples and send one copy by e-mail to Mrs. Sandra Perez including tracking information for the shipment. Thank you.