

PRODUCT APPROVAL APPLICATION - YARN



Date: _____

I. TRADEMARK LICENSE COMPANY

Company name: _____

Brand: _____

Address: _____

Contact person: _____

Phone: _____

E-Mail: _____

II. PRODUCT INFORMATION

Product name: _____

Yarn system: _____

Yarn size: Nm _____

Elongation: % _____

Fiber Content: _____

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.