



IDEA SUBMISSION

Date: _____

Name:
 Address:

 Phone:
 Fax:
 Email:

INSTRUCTIONS:

Please fill out all information on both pages and return to Shurtape Technologies, LLC. We will review your invention or idea at our monthly New Product Development meeting.

NOTE: This form is to be completed after Disclosure Agreement has been signed.

Name of Item Submitted: _____

Product Uses: _____

Features:

Benefits:

Please provide a rough sketch of your idea below (or attach mechanical drawings, photos or prototypes if available):

GENERAL INFORMATION

1. Does this idea/invention have any current patents, trademarks or copyrights? Please list.

2. Have you conducted a patent search? _____

3. Is there any other party involved with this invention/idea?

4. Are there any outstanding legal issues with this idea/ invention?

5. Please share your visions for this idea/invention:

- Target audience: _____
- Target retail price: _____
- Marketing/sales plans:

(please attach additional pages if more space is needed)

Shurtape will contact you with a response to your inquiry. After review, if it is decided the idea may not currently exist and there is interest in further developing the idea, we will contact you to discuss next steps. If there is no interest, we will return your submission, including all materials, photos, prototypes, etc. and notify you accordingly. Thank you for your interest in our company.

If you have any questions, contact:

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