

1. APPLICANT INFORMATION

Company Name: _____

Address: _____

City: _____

Province/State, Country: _____

Postal/Zip Code: _____

Licensee Representative: _____

Title: _____

Email Address: _____

Phone: _____

Alt. Licensee Representative: _____

Alt. Title: _____

Alt. Email Address: _____

Alt. Phone: _____

Website: _____

Any additional information not explicitly requested by this application form may be attached to be reviewed at the Applicant's discretion.

2. CONNECTIONS

Connection Family	Model
DUO	<input type="checkbox"/> 390 DUO <input type="checkbox"/> 400 DUO <input type="checkbox"/> 430 DUO <input type="checkbox"/> 450 DUO <input type="checkbox"/> 480 DUO
CTP	<input type="checkbox"/> CTP 23

3. MANUFACTURING CAPABILITIES

CNC Lathe Model(s) _____

/Quantities: _____

Max Processing Length: _____

☐ <Range 2☐ Range 2☐ Range 3

Max OD: _____

Phosphate Equipment: _____

No. of Shifts: _____

No. of Employees/Shift: _____

4. QUALITY MANAGEMENT

Quality Program: _____

☐ ISO9001☐ API Q1☐ Other _____

Certifications Attached: _____

☐ Yes☐ No _____

5. APPLICATION AGREEMENT

5.1. Confidentiality

Complete Group, "Complete", will supply, or otherwise provide the Licensee Applicant, "Applicant", access to technical information and technology relating to the Products. During and after the terms of this Agreement the Applicant agrees to refrain from copying or modifying the technical information & technology, supplying or disclosing the technical information & technology to third parties, or using the technical information & technology for any purpose other than outlined in this Agreement. Upon termination of this Agreement for any reason or upon the request of Complete, the Applicant agrees to promptly return all technical information & technology and dispose of all physical and/or electronic copies as necessary.

Complete may also supply confidential information to the Applicant in tangible, electronic, visual, or oral form. Applicant agrees to hold all such information confidential and agrees to refrain from supplying or disclosing the confidential information to third parties or using the confidential information for any purpose other than outlined in this Agreement. Applicant agrees that employee(s) of the Applicant who have a need to know the confidential information for the Applicant to perform and receive benefit under this Agreement shall have agreed in writing to maintain the confidentiality of the confidential information prior to disclosure to said employee(s). Upon termination of this Agreement for any reason or upon the request of Complete, the Applicant agrees to promptly return all confidential information and dispose of all physical and/or electronic copies as necessary.

5.2. Payment

Application and rental fees shall be invoiced in amounts outlined in "Proprietary Connection Fee Schedule" and is payable within 30 days. These fees are subject to change.

5.3. Execution

This Agreement shall come into effect upon execution the Applicant and shall remain in full force and effect until terminated as provided herein.

The Applicant specified herein has caused this Agreement to be executed through signature of an authorized representative on the date shown below. Applicant certifies the information provided is accurate and complete to the best of their knowledge and accepts that providing inaccurate or misleading information may result in their dismissal from the licensee program. In addition, the Applicant agrees to accept liability for damages arising from any unauthorized disclosure of confidential information during or after the term of this Agreement.

Company: _____

Signed: _____

Name: _____

Title: _____

Date: _____