

# Patent Search Request Form

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1. PRIMARY INVENTOR:

Full Name: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
(NOT a P.O. box)                      Street                      City                      State                      Zip Code

Phone: (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_ (fax): \_\_\_\_\_

E-mail: \_\_\_\_\_

Are there any Co-inventors? \_\_\_ Yes                      \_\_\_ No    If yes, list co-inventors on back with their name, citizenship, address (not a P.O. Box), and phone number.

2. Descriptive title of your invention: \_\_\_\_\_

3. List prior patents and products which are similar to your invention on another page.

4. Date of first offer for sale or other public disclosure of the invention: \_\_\_\_\_

5. Date of prior filings on your invention: \_\_\_\_\_  
(provisional patent or document disclosure program)

6. Do you have an obligation to assign (sell) the patent? \_\_\_ Yes                      \_\_\_ No

Contractual Agreement for Patent Application Preparation & Filing

I hereby appoint Eric Karich, Patent Reg # 41,503, as my attorney for preparing and prosecuting the Design patent application identified above. I enclosed payment for a fee of **\$1200** (checks payable to "Eric Karich") for preparation of the application, filing documents, and up to 3 sheets of drawings (additional drawings are \$50/sheet). I understand that this fee includes all necessary expenses for filing the design patent application, except for the necessary government filing-fee of **\$215**. I understand that further fees may apply if I make changes to the invention during the preparation of the application. I understand that the application may be rejected, in whole or in part, and that office time required for responding to rejections, if such is ordered, will be billed at the prevailing hourly rates. I also understand that a government issuance fee is required once the patent has been allowed.

Primary Inventor: \_\_\_\_\_ Date: \_\_\_\_\_

Deposit Amount: _____	<input type="checkbox"/> Check/Cash	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> American Express
Credit Card Number: _____	Exp. Date: _____	Sec. Code: _____		
Name on Card: _____	Cardholder Signature: _____			