

Provisional Patent Application Request Form

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1. PRIMARY INVENTOR:

Full Name: _____ Citizenship: _____

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

Mailing Address: _____
(if different than residence) Street City State Zip Code

Phone: (Home): _____ (Work): _____ (fax): _____

Cell Phone: _____ E-mail: _____

How Did You Hear About Us?: _____

2. CO-INVENTOR: (continue list on back if necessary)

Full Name: _____ Citizenship: _____

Residential Address: _____
Street City State Zip Code

Phone: (Day): _____ (Evening): _____

3. TITLE OF YOUR INVENTION: _____

NOTE: The title should be descriptive of the invention, not a marketing term or trademark.

OFFICE USE ONLY

Previous Application? _____ Doc. Disclosure? _____ Other: _____

Fees: Deposit _____ Final _____ Costs _____ Gov't _____

Attorney Reference No.: _____

Contractual Agreement for Patent Application Preparation & Filing

I hereby appoint Eric Karich, Patent Reg. # 41,503, as my patent attorney for preparing and prosecuting the patent application identified above, including any CIP or PCT application which might be requested at a later date.

I agree to pay the following for the preparation of a patent application:

I hereby submit a payment of \$2,500 (checks payable to "Eric Karich") and I understand that work cannot commence on the patent application until this payment is received in full. \$1,500 of this payment will be credited towards the cost of your utility patent application..

I hereby submit a check for the \$100 government filing-fee (payable to "Commissioner for Patents").

I understand that any additional service are billed at our standard hourly rate, and there are no refunds from these payments. I acknowledge that further fees may apply if I make changes to the invention during the preparation of the patent application or if additional legal services are required. I understand that a UTILITY PATENT must be filed within one year of filing the provisional patent application.

Office policy is to not bill for phone or office consultations that are reasonably related to the application being prepared and of standard length; however, we reserve the right to bill the standard hourly rate (currently \$200/hr) if such consultations become excessive, or if legal research is required to resolve an issue. Attorney will inform applicant prior to billing for any additional services.

TITLE OF INVENTION: _____

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: _____