

**Contract Number: 6184601160**

Sent Date: 11/28/2018



RU 2018/46

WPTR s.r.o.  
Prikop 843/4  
602 00 Brno  
Czech Republic

Tax number: 07659776

Provider

**REGISTRATION DETAILS**

Trade-/Servicemark:



**Registration Number:**

**Published:**

**International Class:**

**Mark type:**

**Sign the document within 14 days** and send it back by e-mail to **office@wptr.biz** or by mail to:  
WPTR s.r.o., Prikop 843/4, 602 00 Brno, Czech republic.

Registration Fee	Amount
Renewal Fee for 6184601160	2,329.00 USD
Processing Fee	27.00 USD
<b>Total Registration Fee</b>	<b>2,356.00 USD</b>

**Registration of the International Trademark:**

The trademark application has been published in the official Gazette, which is edited by United States Patent and Trademark Office (USPTO). This publishing forms the basis of our offer. Please note, registration is not affiliated with the publication of the official International Patent Application registration and is not a registration by a government entity. By signing this Agreement, the Applicant signs a binding "WPTR Registration" service provided by the provider specified in the GTB article 3 paragraph 1 and undertakes to pay the provider the price stated on this form. Given that this form is exclusively an offer for the conclusion of a contract, the contractual relationship created by this contract arises at the moment of the delivery of this contract to the provider. Effective delivery is deemed to be the delivery of the contract to the address of the provider and the delivery of the contract to the email address of the provider. By signing this contract, the Contracting Authority agrees that the contractual relationship is governed by the General Business Terms and Conditions of the Provider, which are listed on the other side of this Form and are governed by the Act No. 89/2012 Coll. Civil Code. The Applicant declares that he has read and read these General Business Terms and the scope of the service provided, and he further declares that they agree with their wording.

Applicant

Provider

Date	Full name
Signature	

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