

CLIENT INFORMATION AND CORRECTION FORM

In keeping with our company policy to maintain accurate information on all client activities, we ask that you review the Invention Initiative Guide Proposal (Page 2&3). **THIS FORM IS PART OF THE ENTIRE AGREEMENT**. Any missing pages could delay us from beginning work on your project. This correction form must be returned to us with the copy of the Invention Initiative Guide Proposal.

INVENTOR INFORMATION CORRECTION

Inventor Name: _____		Co-Inventor: _____		Company (if applicable) _____	
State of Incorporation _____		Entity Type _____			
Street Address: _____		Apt/Suite: _____		City: _____	
_____		State: _____		Zip: _____ Home Tel: _____	
Mobile: _____		3rd: _____			
INVENTION NAME: _____					

If you wish to authorize us to communicate with a co-inventor(s) or you want your co-inventor(s) given consideration and/or mention on any patent application, enter their complete information below. You may also deselect a co-inventor by keeping a copy of this form or requesting it for future reference. We must have both signatures of the inventor and co-inventor to acknowledge the change.

CO-INVENTOR INFORMATION	
First Co-Inventor Name: _____	Sign: _____
Second Co-Inventor Name: _____ (if any)	Sign: _____
Third Co-Inventor Name: _____ (if any)	Sign: _____
Primary Inventor Authorized Signature: _____	
Corporate Officer Authorized Signature (if necessary): _____	

- ☐ Check here to add a co-inventor
☐ Check here to delete a co-inventor

Additional Comments to Changes:

☐ **ALL INFORMATION IS CORRECT AND NO CORRECTIONS ARE NECESSARY AT THIS TIME**