

## Welcome!

Thank you for choosing JW Nutritional for your contract manufacturing services! Our entire staff is committed to:

- 1) Getting you the best product for your needs
- 2) At an affordable price, and
- 3) Have it in your market space as quickly as possible

In order to meet these goals, we need to better understand the product you are wanting to make. Please answer all of these questions to the best of your knowledge, keeping in mind that the more information you can give us now, the better equipped we will be to accomplish these goals with you.

*Company Name:	*Date:					
*Business Address:						
*Contact Name:	*Position:					
*Telephone:						
Website:	Other product lines?					
How did you hear about JW Nutritional?						
<ul> <li>Online Search – Please list keywords use</li> <li>Advertisement – Please describe:</li> <li>Other – Please describe:</li> </ul>	ed:					
*Is this a product already on the market?						
If YES, what was your previous year's/quarter's order volume?						
*Regulatory Category:	☐ Supplement ☐ OTC					
Servings per unit: Capsules p	per serving:					
*What is the finished product?   Mult	i-serving Unit					



If you answered with **SAMPLE SACHET** on the previous page, answer sections A, B, and C below. If you answered with **BOTTLED UNIT** on the previous page, answer sections 1 and 2 below, instead.

	A.	Do you already have a layout f  O What are the dimension				
	В.	Will the product be packed int (carton) first?	ster Case nany sachets per nany sachets per	☐ Di r Master Case? Display Case?	splay Case	- -
	C.	Other Information?				
		What is your preferred bottle of Size:	description?			
		Color:				
		Material (circle one):			PP	Other
	—	Other information?				
		What is your preferred lid desc	cription?			
		Size:				
		Color: Smooth-sid	ed <b>D</b> Fine	e-ribbed	■ Wide-ribbe	rd
		Other information?				
		All our lids come with an inner		ied during prod	duction. Would yo	ou like an outer
		seal as well (cutband)?	□ No	If YES, will it l	oe customized?	☐ Yes ☐ No
Wh	nat i	s your preferred capsule descrip	ition?			
		Size (circle one):	00	0	1	Other
		Cap Color:				
		Body Color:				
			Vegetarian	Gelat	tin	No Preference
	_	Other information?				

NOTE: JWN includes a half-gram desiccant and cotton into all bottled units of capsules. Sample Sachets do not receive desiccants or cotton.



*Do you already have lab	el artwork? <b>L</b>	<b>¹</b> Yes	<b>□</b> No			
*Do you already have a la	bel printer?	□ Yes	<b>□</b> No			
*Do you already have pri	nted labels?	<b>⊐</b> Yes	<b>□</b> No			
NOTE: At JW Nutritional, to be applied in-house <u>pr</u> bodies regarding the labe	<u>ior</u> to their pri	nting.	•			
We also require you to fil	out <b>Form QA</b>	10261	<b>6-04</b> for S	tability Testing	and Lot Cod	ing.
☐ I have not received this	s form to fill ou	ut		☐ I have receive with this RFQ	ved this forr	m and am turning it ir
Desired units per Master	Case (shipper)	:				
Master Case Dimensions/	Description? _					
Do you require a custom-	made master (	case?	□ Yes □	<b>1</b> No		
<ul><li>If YES, will you be</li><li>If NO, do</li></ul>				☐ Yes ☐ No tomization? ☐	l Yes □ No	
Do you have a required p	allet build?	<b>1</b> Yes	<b>□</b> No			
If YES, please give the dim	nensions/descr	ription	:			
We create standard Mast to apply? Or are you okay			•			•
If you chose <b>CUSTOM</b> or you would prefer it.	JPC/BARCODI	E, plea	se provide	e us with an ima	ige or layou	t of the case label as
What (if any) requiremen	ts do you have	e for th	ie product	(circle all that a	apply)?	
Kosher	Halal		Vegan	N	lon-GMO	Organic
Organic-Certified		Ir	formed C	hoice		NSF for Sport
Vegetarian	Gluten	free		Dairy free	2	Soy free
		Oth	er:			



If you have any excipients, carriers, dyes, or other ingredients you would like to avoid, please list them here:

Do you have any label claims you are trying to meet (e.g. caffeine content)?

\*Anticipated Order Volume (per SKU):

Projected Annual Volume (per SKU):

Desired Price Point:

Desired Production Date (MM/YYYY):

On the following page is a table in which to input your formula. Please fill it out if you have a formula already available. If you do not have a formula, but have a label to match, please include an image of that label with this RFQ. (Note, however, that reverse engineering a label will rarely yield the exact same product that created the label.)

If you have neither a formula nor a label, please check the box at the top of the next page stating that you would like for JW Nutritional to innovate the formula for you. Then describe the criteria for your project in the lines provided by the table.



\$\boxed{\textsup} \ \text{I \textsup} \ \text{DO NOT} \text{ have a formula or label to match and would like JW Nutritional to innovate a formula for Below are the details that I would like JW Nutritional to follow in regard to this innovation.

Ingredient Name	Label Claim	Inclusion	
	(mg/serving)	(mg/serving)	



## Please read carefully and sign below:

I acknowledge that this RFQ is a starting point, and that through the R&D process, some of the details may have to change. I will work with JW Nutritional and its employees to accomplish the three goals mentioned at the beginning of this RFQ.

I acknowledge that a Research and Development deposit may be required by JWN in order to begin processes such as formulation, flavoring, creation of pilot batches, etc. This will be discussed after my free quotation.

*Signature:			
*Date:			

\*This field must be filled in in order for the RFQ to be submitted.

\$This box must be checked **OR** the customer needs to attach a product label to be matched **OR** the customer needs to fill in the formula sheet.

## **Post-Quotation Process Statement**

Please note that typical R&D lead times are 4 weeks and typical production lead times are 6-10 weeks from the time JWN receives your provided materials. These materials include labels, packaging, ingredients, POs, etc.