

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:	*Email:		
Website:	Other product lines?		
■ Advertisement – Please describe:			
*Product Description:			
*Is this a product already on the market?	No *If YES, what is it called?		
If YES, what was your previous year's/quarter's order	volume?		
*Regulatory Category:	□ Supplement □ OTC		
Servings per unit: Scoops per servi	ng:		
*What is the finished product? Multi-serving Unit	☐ Single-serve Sachet ☐ Single-serve Stick Pack		



If you answered with **SACHET** or **STICK PACK** on the previous page, answer sections A, B, and C below. If you answered with **BOTTLED UNIT** on the previous page, answer sections 1-4 below, instead.

	What are the dir	nensions?			
В.	MASTER CASE –DISPLAY CASE –	☐ Master Case How many sac How many sac		Display Case Master Case? _ Display Case? _	
C.	Other Information?				
	What is your preferred b	ottle descripti	on?		
	Size: Color:				
	Material (circle one):	HDPE	PETE	PP	Other
	Other information?				
2.	What is your preferred li	d description?			
_	Size:	·			
	Color:	* la _ a: al a al	☐ Fine-ribbed	□ \\\′:do =	له م ما ما ::
	Choose one:		■ Fille-ribbed	□ Wide-r	ibbed
	All our lids come with an seal as well (cutband)?	inner seal tha			•
	What is your preferred s Size:CC	coop description	on?		
		clear is standa	ard and has the short	est lead times)	
_	Color:	•		Long	No Preference
_	Color: Handle length (circle one	e): Short	Medium	-0.18	

to keep the consumer from health risk.



*Do you already have lab	oel artwork? 🗖 Ye	s 🗖 No		
*Do you already have a l	abel printer? 🗖 Ye	es 🗖 No		
*Do you already have pri	inted labels? □ Ye	s □ No		
NOTE: At JW Nutritional, to be applied in-house problems of the laboration of the la	<u>rior</u> to their printing	•	• •	
We also require you to fi	ll out Form QA1026	516-04 for Stal	oility Testing and Lot Co	ding.
☐ I have not received th	is form to fill out		I have received this for ith this RFQ	rm and am turning it in
Desired units per Master	Case (shipper):			
Master Case Dimensions	/Description?			
Do you require a custom	-made master case	? □ Yes □ N	lo	
•	e providing this ma you have artwork		Yes □ No mization? □ Yes □ N	0
Do you have a required p	oallet build? 🗖 Yes	s □ No		
If YES, please give the dir	mensions/description	on:		
We create standard Mas to apply? Or are you oka				·
If you chose CUSTOM or you would prefer it.	UPC/BARCODE, plo	ease provide u	s with an image or layo	ut of the case label as
What (if any) requiremen	nts do you have for	the product (c	ircle all that apply)?	
Kosher	Halal	Vegan	Non-GMO	Organic
Organic-Certified		Informed Cho	ice	NSF for Sport
Vegetarian	Gluten free		Dairy free	Soy free
	Ot	her:		



If you have any sweeteners, flavors, 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. protein content)?

What flavors would you like to start with?

*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.



\$\boxin I \overline{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.