



601 Century Pkwy
Ste. 300
Allen, TX 75013
Phone: 214-221-0404

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? _____

How did you hear about JW Nutritional?

- Referral – Who referred you? _____
- Online Search – Please list keywords used: _____
- Advertisement – Please describe: _____
- Other – Please describe: _____

*Product Description: _____

*Is this a product already on the market? Yes No *If YES, what is it called? _____

If YES, what was your previous year's/quarter's order volume? _____

*Regulatory Category: Food Supplement OTC

Servings per unit: _____ Tablets per serving: _____

*What is the finished product? Multi-serving Unit Single-serving Sachet



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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 for the film? Yes No
○ What are the dimensions? _____
- B. Will the product be packed into a Master Case (shipper)? Or will it be packed into a Display Case (carton) first? Master Case Display Case
○ MASTER CASE – How many sachets per Master Case? _____
○ DISPLAY CASE – How many sachets per Display Case? _____
○ DISPLAY CASE – How many Display Cases per Master Case? _____
- C. Other Information? _____

1. What is your preferred bottle description?
— Size: _____
— Color: _____
— Material (circle one): HDPE PETE PP Other
— Other information? _____
2. What is your preferred lid description?
— Size: _____
— Color: _____
— Choose one: Smooth-sided Fine-ribbed Wide-ribbed
— Other information? _____
— All our lids come with an inner seal that is applied during production. Would you like an outer seal as well (cutband)? Yes No If YES, will it be customized? Yes No

What is your preferred tablet description?

- Shape (circle one): Caplet Round Oval Straight-sided
— Do you have specific tablet dimensions? _____
— Will this tablet be coated? Yes No
— If YES, please describe the coating desired: _____
— Other information? _____

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



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*Do you already have label artwork? Yes No

*Do you already have a label printer? Yes No

*Do you already have printed labels? Yes No

NOTE: At JW Nutritional, our Quality Assurance Department must review and approve all labels that are to be applied in-house prior to their printing. This keeps both you and us compliant with regulatory bodies regarding the labeling of products.

We also require you to fill out **Form QA102616-04** for Stability Testing and Lot Coding.

I have not received this form to fill out

I have received this form and am turning it in with this RFQ

Desired units per Master Case (shipper): _____

Master Case Dimensions/Description? _____

Do you require a custom-made master case? Yes No

- If YES, will you be providing this master case? Yes No
 - If NO, do you have artwork for your customization? Yes No

Do you have a required pallet build? Yes No

If YES, please give the dimensions/description: _____

We create standard Master Case labels in house. Do you have a custom case label you would like for us to apply? Or are you okay with using our standard case label? Standard Custom UPC/Barcode

If you chose **CUSTOM** or **UPC/BARCODE**, please provide us with an image or layout of the case label as you would prefer it.

What (if any) requirements do you have for the product (circle all that apply)?

- | | | | | |
|-------------------|-------------|-----------------|---------|---------------|
| Kosher | Halal | Vegan | Non-GMO | Organic |
| Organic-Certified | | Informed Choice | | NSF for Sport |
| Vegetarian | Gluten free | Dairy free | | Soy free |

Other: _____



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If you have any excipients, compression agents, 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. vitamin B12 content)? _____

Will this be a chewable or oral tablet? Chewable Oral

If this is a CHEWABLE, please list what flavors you would like to try first: _____

*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.



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§ I **DO NOT** have a formula or label to match and would like JW Nutritional to innovate a formula for me. Below are the details that I would like JW Nutritional to follow in regard to this innovation.

Ingredient Name	Label Claim (mg/serving)	Inclusion (mg/serving)
Ingredient Name (coating ingredients – if applicable)		



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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.