



## PRODUCT DEVELOPMENT REQUEST

☐ New Development ☐ Modify Existing ☐ Formulate to Benchmark ☐ Line Extension ☐ PDR Revision ☐ Formula Redirect ☐ Tech Transfer

### CUSTOMER PROFILE

Company/Brand Name:			
Contact Name:		Phone:	
		Email:	
Product Name:	<input type="checkbox"/> Check if Final Name		
Cosmetic Fill:	<input type="checkbox"/> No <input type="checkbox"/> Yes Instructions: _____	Intended Launch To:	<input type="checkbox"/> DTC <input type="checkbox"/> Retail: _____
Estimated Launch Date:		Estimated Launch Quantity:	
Estimated Annual Quantities:		Estimated Reorder Quantity:	
Cost Target Range (Per Unit):		Fill Size:	

### PACKAGING

Reference Package:		Package Type:	<input type="checkbox"/> Tube <input type="checkbox"/> Bottle <input type="checkbox"/> Jar <input type="checkbox"/> Other: _____
		Material/Color/Finish:	
Label:	<input type="checkbox"/> Front/Back <input type="checkbox"/> Wraparound <input type="checkbox"/> Top <input type="checkbox"/> Bottom <input type="checkbox"/> None	Closure:	<input type="checkbox"/> Pump <input type="checkbox"/> Airless Pump <input type="checkbox"/> Foamer <input type="checkbox"/> Cap <input type="checkbox"/> Induction Seal <input type="checkbox"/> Other: _____
		Material/Color/Finish:	
Unit Carton:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shrink Wrap Primary:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Material/Color/Finish:			
Unit Carton Seal:	<input type="checkbox"/> Shrink Wrap <input type="checkbox"/> Tamper Seal	Unit Carton Lot Code:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Case Count:		Inner Tamper Seal:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Pallet Count: Shipper Packout:		
Part of a Kit:	<input type="checkbox"/> Yes <input type="checkbox"/> No Extra Cost added (if any):	Outer Markings:	
Kit Description (include photo/rendering)		Other Components:	
Pack Out Instructions (If Applicable):		Turnkey:	
Bill Of Materials (If Applicable):		3PL through Product Society:	<input type="checkbox"/> Yes <input type="checkbox"/> No

### FORMULA PROFILE

Formulation Type:	<input type="checkbox"/> Cosmetic <input type="checkbox"/> OTC-Drug Active Ingredient(s): _____
Product Claims (Efficacy/Performance):	



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Marketing Claims (Brand claims):	<input type="checkbox"/> Organic <input type="checkbox"/> Paraben-Free <input type="checkbox"/> Vegan <input type="checkbox"/> Gluten-Free <input type="checkbox"/> Dye-Free <input type="checkbox"/> Fragrance-Free <input type="checkbox"/> Prop 65 <input type="checkbox"/> Sephora Clean <input type="checkbox"/> Credo <input type="checkbox"/> Other restrictions: _____		
Customer Brand/Ingredient Story:			
Application(s):	<input type="checkbox"/> Face <input type="checkbox"/> Hair <input type="checkbox"/> Body <input type="checkbox"/> Other: _____	Fragrance: (Level)	
Color:		Appearance/Texture:	
Required Ingredients: (Level)		Blacklist Ingredients:	
Open to raw materials swaps (Tech Transfer):	<input type="checkbox"/> Yes <input type="checkbox"/> No		

### BENCHMARK

Product: Benchmark		MSRP:	
Favorable Attributes of Benchmark:		Negative Attributes of Benchmark:	
If customer provides formula for validation, you must submit the following:	Bench standard (minimum 4oz sample), Specs, Micro, Stability, Original Package	Match to:	<input type="checkbox"/> Color <input type="checkbox"/> Odor <input type="checkbox"/> Appearance <input type="checkbox"/> Texture <input type="checkbox"/> Viscosity

### REGULATORY

Market Distribution:	<input type="checkbox"/> US <input type="checkbox"/> Canada <input type="checkbox"/> Mexico <input type="checkbox"/> Europe <input type="checkbox"/> Australia <input type="checkbox"/> Middle East <input type="checkbox"/> Japan <input type="checkbox"/> China <input type="checkbox"/> Asia <input type="checkbox"/> Other: _____
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### PRODUCT SUBMISSION SAMPLING INSTRUCTIONS

Send Samples to:	
FedEx or UPS Account #:	

### ADDITIONAL COMMENTS

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