Request for Quotation: Contract Manufacturing

All information must be completed below

|  |
| --- |
| CLIENT INFORMATION |
| Client (Brand) |  |
| Billing Address |  |
| Contact |  |
| Email |  |
| Phone |  |
| Date |  |

|  |
| --- |
| PRODUCT  |
| Product Category |  |
| Product Name |  |
| Shade Name |  |
| Target Production Date  |  |
| Launch Quantity  |  |
| Lab Sample Reference # |  |

|  |  |  |
| --- | --- | --- |
| PACKAGING *(describe)* | Client Supplied | Pure Anada Supplied |
| Fill Size/Volume |  |  |  |
| Individual Carton (outer box) |  |  |  |
| Compact/Case/Vial |  |  |  |
| Cap/Closure |  |  |  |
| Label  |  |  |  |
| Thermal Date Code |  |  |  |
| Shrink Wrap |  |  |  |
| Master Case |  |  |  |

|  |  |  |
| --- | --- | --- |
| TESTING REQUESTS (additional charge) | Client Arranged | Pure Anada Arranged |
| Microbial Challenge |  |  |  |
| Stability (Shelf Life) |  |  |  |
| Other |  |  |  |