OMEGA TECH LABS

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Date: _____

Customer Information:

COMPANY: _____ Contact Person _____
Address: _____ Tel / Fax _____
Website: Email _____
Customer Status: _____ Sales Rep: _____ Project: No. of Sku's _____

Product Information:

Request Type: _____ Product Description: _____
Target Price: _____ **Size:** _____ OTC: _____ **Qty Order:** _____
Prod. Request Type: _____ Formula #: _____ _____
Est. Launch Date: _____ No. of Sample Requested: _____ Components to use: _____

Product Reference:

Sample Provided: _____ Product Brand/Description: _____
Additional Information: _____

Product Characteristics:

Fragrance: _____
Appearance: _____
Texture: _____
Color: _____
Performance: _____
Additional Info: _____

Claims:

_____
_____
_____
_____
_____

Customer Requested Inredients:

Ingredient's Name: _____
_____
_____
_____
_____

Packaging:

Supplier:
Component's Materials: _____
Closure Description: _____

Up-Front Charges/Fee's:

	Price	**Customer Acknowledgement**
*R&D Fee		
**Compatibility Testing		
***OTC 90 Days Testing		
Other Testing:		

Notes: