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**CO-PACK  
APPLICATION  
FORM**

**Co-pack  
Product:**

Date \_\_\_\_\_

Business Operating as:  CORPORATION  PARTNERSHIP  SOLE OWNER

Company Name \_\_\_\_\_ Principal(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

**Product Information**

Product Brand Name \_\_\_\_\_

Is your product trademarked?  Yes  No  I do not know

Product Description \_\_\_\_\_

Has your product ever been co-packed before?  Yes  No  I do not know

Do you have UPC code(s)  Yes  No  I do not know

What is your current monthly sales average in cases? \_\_\_\_\_ Number of jars (containers) per case \_\_\_\_\_

Where would you like to be with this product five years from now? \_\_\_\_\_

\_\_\_\_\_