



Co-Pack Application

Date _____

Co-Pack Product: _____

Company Information

Business Operating as: Corporation Partnership Sole Owner Other _____

Name: _____

Address: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____

Principal(s): Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Product Information

Product Brand Name(s): _____

Product Description: _____

Is this product trademarked? Yes No Don't Know

Has product been previously co-packed? Yes No Don't Know

Does product have UPC Codes? Yes No Don't Know

Do you have a recipe? Yes No Don't Know

Estimated Initial Order: _____ Projected Year 1 Cases: _____

Ave. monthly product sales in cases? _____ Number of items per case _____

Where would you like to see this product in five years? _____