

# PRIVATE LABEL QUESTIONNAIRE

Company/Brand Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Sales Representative: \_\_\_\_\_  
 Email/Phone: \_\_\_\_\_











FONTS (.TTF / .OTF FILES Preferred)	COMPANY INFO TO BE LISTED UNDER THE INGREDIENTS SECTION
COLORS (CMYK or RGB Hex Codes Preferred)	<b>Required information:</b>  Distributed by: _____  Company Address: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>City</span> <span>State</span> <span>Zip</span> </div>
GENERAL DESIGN NOTES	<b>If you would like to include one additional piece of information (e.g. website, phone number, etc.), please let us know:</b>  Additional Information: _____  *Please note that smaller labels may not have space to accommodate an additional piece of information.

AMP PRODUCT NAME/CODE *Required	
1.	2.
3.	4.
5.	6.
7.	8.
CUSTOMER'S (YOUR) PRODUCT NAME (leave blank if you would like to use AMP's product name)	
1.	2.
3.	4.
5.	6.
7.	8.
PRODUCT DESCRIPTION (under the product name, on the front of the label) *optional	
1.	2.
3.	4.
5.	6.
7.	8.

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DIRECTIONS (leave blank if you would like to use AMP's product description)		
1.	2.	
3.	4.	
5.	6.	
7.	8.	
SKIN TYPE (e.g. "For All Skin Types," "For Oily/Combination Skin Types," etc.) *optional		
1.	2.	
3.	4.	
5.	6.	
7.	8.	
OTHER DESIGN NOTES		
1.	2.	
3.	4.	
5.	6.	
7.	8.	
SYMBOLS *optional		
Please mark up to 3 symbols you would like to include on the label:		
<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> Other: _____

\*The customer code/product code is required on all labels, and cannot be removed under any circumstance. This will be listed with your company information on the back/bottom of the label.

PLEASE DO YOUR DUE DILIGENCE WHEN CHOOSING YOUR PRODUCT'S NAME.

It is the customer's responsibility to ensure that you are not infringing on another company's trademark name.