

NEW PRODUCT DEVELOPMENT FORM

Please complete this form

COMPANY INFORMATION

Name			
Address			
		Post Code	
Telephone Number		Fax	
E-mail		Website	

CONTACT PERSON

Name			
Position			
Email Address			
Telephone		Fax	
Mobile			

PRODUCT

PRODUCT NAME				
FINISHED PRODUCT DEADLINE				
PRODUCT BACKGROUND INFORMATION (Product development background, long term aims , philosophy, product differentiation, Etc)				
RETAIL PRICE RANGE	Minimum	USD	Maximum	USD
PRODUCT FORMULATION REQUIRED				
(Gel , liquid cream Gel or cream , any specific material)				

PACKAGING & SHAPE

(Pump, jar, bottle, tube, round, square, ect)

PACKING COLOUR

(Please State for any cmyk or Phantone Colour)

FONT (TYPOGRAPHY)

(Please state for any examples)

LABEL / PRINT

(Please state for any examples)

PRODUCT EFFICACY

Do you require a test to proof claim?

YES

NO

Comments

PRODUCT STABILITY

Do you require stability & compatibility test ?

YES

NO

Comments

COMPETITOR PRODUCTS

you like & why
