



Jarrow Industries, Inc.
12246 Hawkins St.
Santa Fe Springs, CA 90670-3365
Ph: 562-906-1919
Fax: 562-906-1979
www.jiimfg.com

Product Quotation Form

Request Date: _____

Customer Name: _____

Customer Phone: _____ Customer Email: _____

Product Name: _____

TYPE OF FORMULATION

Tablet Formulation

Serving Size: _____

Tablet Coating

Coating Type: _____

Capsule (Hard Shell) Formulation

Capsule Size: _____

Veggie Caps (HPMC)

Gelatin Capsule

Powder Formulation

FORMULATION

Total Active Ingredient Weight Per Serving: _____ mg / g

Total Number of Active Ingredients: _____

Jarrow Industries Supplied Raw Materials

PLEASE ATTACH A COPY OF THE PRODUCT LABEL AND MASTER FORMULATION

Special Instruction:

PACKAGING

Bottling or Blister Card Packaging: _____

Bottling:

Bottle Type: _____

Desiccant: Yes No

Bottle Size: _____

Rayon: Yes No

Count per Bottle: _____

Closure Type: _____

Blister Card:

10 tablets / card Oval Round

15 capsules/card (only certain sizes apply)

Special instructions (ie. do you require packing into product boxes?)

Manufacturing Batch Size to Quote:

_____ Capsules (Minimum 300,000)

_____ Tablets (Minimum 300,000)

_____ Powder fill (2000 jars)

We will package to your specs as long as you meet encapsulation minimums.

JARROW INDUSTRIES™ INCORPORATED



12246 Hawkins St., Santa Fe Springs, CA 90670-3365 Phone (562)906-1919 / Fax (562)906-1979 <http://www.jiimfg.com>

CREDIT APPLICATION

Company Legal Name: _____

DBA: _____ Parent Company: _____

Business Address: _____

Corporation Partnership Sole Proprietor

Officers' name & address: _____

Officers' name & address: _____

Officers' name & address: _____

Federal Tax ID#: _____ Year Established: _____

Accounts Payable Contact Name: _____

Bank Name & Account#: _____

Bank Contact Name: _____ Phone: _____

TRADE REFERENCES:

Company Name & Address: _____

Contact Name: _____ Phone: _____

Date Account Opened: _____ Fax: _____

Company Name & Address: _____

Contact Name: _____ Phone: _____

Date Account Opened: _____ Fax: _____

Company Name & Address: _____

Contact Name: _____ Phone: _____

Date Account Opened: _____ Fax: _____

Credit terms cannot be established unless accompanied by a signature.

Printed Name: _____ Title: _____

Authorized Signature: _____ Date: _____

By signing this application, I authorize JII to investigate the credit history pertaining to the above referenced company.

FAX TO: (562) 906-1979 Att: ACCOUNTING