

Custom Formulating without a Prototype

Business Name:
Contact:
Email:
Phone Number:



Your Product Description

What is the look and feel of the product that you have in mind?

What are the results that you would like to have this product deliver?

What claims will you be making about this product?

How will this product behave when it is applied?

Who will be using this product and why will they be using it?

Which ingredients are essential to you for this Formulation?

Are there ingredients that you feel must be avoided in this Formulation?

Price Point	
Fragrance/Scent Preference:	

Signature:	Date:
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