



PURCHASE ORDER

Date: _____
Purchase Order #: _____

Bill to:
Company/Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Country: _____
Telephone: _____
Email Address: _____

Ship to:
Company/Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Country: _____
Telephone: _____

*Free Shipping on orders of \$500.00 or more shipping to one location with in the Continental United States.

Product Information

Item#	Formula Name	Pills per Bottles?	Your Private Label Name	How Many Bottles?
_____	_____	_____	_____	_____

Bottle Color: (choose one)

- Standard HDPE White Bottle
- PET Options (Additional \$0.25 per bottle for PET bottles)
- Clear Black Green Amber White Colbalt

Cap Color: (choose one) White Black Blue Red Gold

Do you want Child Resistant Caps (CRC)? No Yes (add \$0.15 per bottle) White Black

Label Design Information

Does this product require a Barcode? No Yes (we only apply barcodes vertically on the label)

Custom Taglines? _____

Special Instructions: _____

(Please provide Pre-Designed Label Code Here if Applicable): _____

FDA REQUIRES MINIMUM Licensing info: **Distributed by** / **Manufactured for**

COMPANY NAME: _____

ADDRESS **OR** PO BOX **OR** PHONE (1 of those 3 required): _____

ALONG WITH CITY, STATE ZIP: _____

OPTIONAL (WEBSITE / 1-800#, ETC): _____

PURCHASE ORDER FORM cont. (page 2)
FOR ADDITIONAL PRODUCTS

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