

## Packaging Questionnaire

This questionnaire aids us in understanding your packaging needs. Please complete this form and email to [info@liquipak.com](mailto:info@liquipak.com) or fax to 989.463.3508. We can also cover this information with you over the phone. Feel free to give us a call at 989.463.5510 and we can discuss your needs in greater detail.

### Contact Information

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Preferred Contact Method:  Email  Phone  Mail  Fax

How did you find us?:  Web Search  Referral  Direct Contact  Manufacturer Directory

Social Media  Other \_\_\_\_\_

### Product Information

Product Name: \_\_\_\_\_

Product Description: \_\_\_\_\_

Product Form:  Cosmetic  Cream  Medical/Dental  Pharmaceutical

Product Form:  Grease  Oil  Other \_\_\_\_\_

Is Your Product:  EPA Regulated  FDA Regulated  Toxic  Other \_\_\_\_\_

Product to be used for this job will be supplied by:  Customer  Liquipak  Other \_\_\_\_\_

Can you provide Liquipak with a small product sample?:  Yes  No  Not Sure

Primary Active Ingredient(s): \_\_\_\_\_

**Packaging Information**

Packaging Needs:  Form-Fill-Seal Flexible Pouch Packaging  Kitting & Assembly Service  
 Other \_\_\_\_\_

Will single samples of your packaged product be sent through the mail?  Yes  No  Not Sure

Do you have custom carton or packaging needs?  Yes  No  Not Sure

Will the exterior of the packets include printed artwork?  Yes  No  Not Sure

# of Printed Sides: \_\_\_\_\_ # of Printed Colors Per Side: (front / back) \_\_\_\_\_

Are printed colors common to fronts and backs? \_\_\_\_\_

Are printed colors common to multiple products? \_\_\_\_\_

Desired Fill Weight: \_\_\_\_\_ Desired Package Dimensions: \_\_\_\_\_

Request for Quotation Quantity: \_\_\_\_\_ Desired Project Turnaround Time: \_\_\_\_\_

Describe Any Restrictions (if applicable): \_\_\_\_\_

Additional Details: \_\_\_\_\_

**Additional Details**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Questionnaire Completed By: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Liquipak Use Only**

Project Assessment			
Date:			
Initials:			
Notes:			