

Packaging Questionnaire

This questionnaire aids us in understanding your packaging needs. Please complete this form and email to info@liquipak.com. 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: _____ Cell: _____

Email: _____

Website: _____

Preferred Contact Method: Email Phone Mail In Person

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:			