

# FORM A

Custom Formulating with a Prototype

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Business Name: \_\_\_\_\_

Contact \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Your Product Description

Describe the formulation and its characteristics. What results does it provide for skin?


What existing product do you desire to emulate with this formulation?


Does this product belong to you or to another existing brand?


What do you like about this product?


What don't you like about the product?


Which ingredients are essential to you for this formulation?


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


Price Point: \_\_\_\_\_

Color: \_\_\_\_\_

Fragrance/Scent Preference: \_\_\_\_\_

I understand and acknowledge that RainShadow Labs does not guarantee the success of my product. I also understand and acknowledge that RainShadow Labs will not be responsible for any marketing or claims on this product and that any outside certifications will be my responsibility. I acknowledge the \$130/hr lab fee.

Signature \_\_\_\_\_ Date \_\_\_\_\_