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| **NEW CUSTOMER ENQUIRY FORM** |

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| **COMPANY INFORMATION** |
| **DATE** |  |
| **COMPANY NAME** |  |
| **COMPANY ADDRESS** |  |
| **ABN** |  |
| **CONTACT NAME** |  |
| **POSITION** |  |
| **EMAIL**  |  |
| **PHONE** |  |
| **FAX** |  |
| **WEBSITE** |  |
| **CHEP ACCOUNT NO. (IF APPLICABLE)** |  |
| **DELIVERY ADDRESS (SPECIFY IF RESIDENTIAL OR WAREHOUSE)** |  |
| **ANY SPECIAL PALLET REQUIREMENT?** |  |
| **ADDITIONAL DELIVERY INSTRUCTIONS:** |  |

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| **PRODUCT INFORMATION** |
| **PRODUCT NAME** |  |
| **SPECIFY: TGA LISTED PRODUCT OR FOOD PRODUCT** |  |
| **AUST L NUMBER (IF APPLICABLE)** |  |
| **DO YOU HAVE A TGA CONSULTANT?** |  |
| **PRODUCT FORMAT:CAPSULE/GRANULATE/POWDER/TABLET/PASTILLES** |  |
| **FORMULATION/KEY INGREDIENTS** |  |
| **FLAVOUR/S** |  |
| **IS NATURAL FLAVOUR/SWEETENER REQUIRED?** |  |
| **ANY NUTRITIONAL CLAIMS/TARGETS?** |  |
| **IS THIS PRODUCT FOR DOMESTIC SALE OR EXPORT?** |  |
| **PACK SIZE/S** |  |
| **PRODUCT SHELF LIFE** |  |
| **PACKAGING REQUIREMENTS: BULK/SACHET/POUCH/JAR/BOTTLE/BLISTER** |  |
| **TESTING REQUIREMENTS: MICRO/CHEMICAL/ALLERGEN/STABILITY** |  |
| **REQUESTED MANUFACTURING QUANTITY**  |  |
| **REQUESTED MANUFACTURING DATE** |  |
| **WILL YOU BE PROVIDING ANY MATERIALS?(RAW MATERIALS, PACKAGING ETC)** |  |
| **SPECIAL INSTRUCTIONS:** |  |