

APPLICATION FOR PRIVATE LABEL AGREEMENT

Instructions: Fill in all relevant fields, save this form and submit to

Date: _____

Private Label Company (distributor of the product/s): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Website: _____

Contact Info: Name: _____ Phone: _____ Email: _____

Manufacturer of the product/s _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Website: _____

Contact Info: Name: _____ Phone: _____ Email: _____

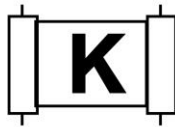
1. Private Label agreement fee is \$350.00 annually. Charges will be paid by: _____
2. Kosher certification can be arranged regardless if the company is Jewish owned or not, however, there are some procedural differences that apply; therefore, we're requesting the following information.
 - a. Is the Private Label Company owned by a Jewish person? YES NO
 - b. Is the Manufacturing Company owned by a Jewish person? YES NO
3. Product(s) information:

Manufacturing Company Product Name	Distributing Company Product Name	Comments

4. Is the Private Label product identical to a currently certified product manufactured at the same facility?

YES If YES, this form is now complete.

NO If NO, please continue to complete **Request for New Product Approval** form (page 2 of this document)



Request for New Product Approval

PRODUCT NAME: State the name of the product and brand exactly as it appears on the label. Please include any numbers or symbols which are part of the product name. _____ Brand Name(s) _____

- Product is to be (check one or both): 1. Packaged Bulk shipped
 2. Kosher for Year-round (non-Passover use) Kosher for Passover

Please list **all plants** where this product will be produced:

PLANT NAME	CITY/STATE	IS THIS PLANT CURRENTLY KOSHER CERTIFIED?	Are you seeking certification for the product produced at this plant?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No

Please list Ingredients for new product:

	INGREDIENT NAME as it appears on the manufacturer's label. Please include manufacturer's product number if available	MANUFACTURER NAME as it appears on label or bill of lading	Is this ingredient already on your Company's Schedule A?	IS A KOSHER CERTIFICATE ATTACHED?	Is ingredient received in bulk trailers or railcars?
1.					
2.					
3.					
4.					
5.					
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