Restroom & Durables Private Label Product Setup Form

Please complete this form in full. Providing all details at once helps us streamline the process and ensures quick, accurate turnaround.

Customer Information

Customer Name: _____

Customer Account Number or Group Code: _____

Product Information

Item Number: _____

Description: _____

_____

_____

Name of Artwork (Customer or Brand):

_____

_____

Number of Colors: _____

Color(s) of Artwork: _____

_____

Labeling type:

☐ Printed Packaging ☐ Label

For Printed Packaging option only

Packaging size: _____

Packaging orientation: _____

_____

For Label option only

Label size: _____

Label orientation: _____

For Internal Assignment

Item Number for Custom Printed Product *(will be assigned internally if not specified. If we assign, the format is our item number-customer number, example: 1525-XXXXXXX)*: _____

_____

Item Description for Label *(will be assigned internally if not specified. If we assign, we will use our item description minus brand name)*: _____

_____

UPC / GTIN Numbers *(will be assigned internally if not specified)*: _____

_____

Approvals

Written approval is required from the customer

Physical Sample Approval Required? ☐ Yes ☐ No

Lead time

10-15 working days from final artwork approval

Contact Information

Customer Name _____

Sales Rep Name _____

Sales Support Name _____

Artwork Code Number _____

Customer Email _____

Sales Rep Email _____

Sales Support Email _____