



CLIENT

Product/Project Submission Form

Started on DATE

Project No		Customer Avatar Type		
Product Name		Submitted By		
Samples Sent?		Reviewed By		
IDEAL LAUNCH TIMELINE/DATE:		PRIORITY		

Concept/Sample Photographs	Key Marketing Requirements:
Technical Specifications: <input type="checkbox"/> Product Testing <input type="checkbox"/> Instruction Sheets <input type="checkbox"/> Warning/Compliance Labels Package/Brand Specifications: <input type="checkbox"/> Brand Tag – Type: <input type="checkbox"/> Hang Tag – Type: <input type="checkbox"/> Basic Box: <input type="checkbox"/> Special Branded Box: <input type="checkbox"/> Master Pack or Master Carton Needed	Cost Targets: Target Retail Sales Price: Ideal COGS: Sourcing/Manufacturing Targets: Sourcing Location: Sourcing Team: MOQ Initial/Test Run: Potential Monthly Vol.: Standard Terms Expected:

Style/Design/Brand Comments:

Material Comments:

Competitive Images	Competitive Links



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Key Changes/References:

Product Changes Required

No Changes/Direct Source Only

Changes Requested: *(add additional rows as necessary)*

Reference Photograph/Images	Changes Requested