



Product Development Request Form

Company Name:	
Contact Name, Phone Number & Email:	
Number of SKUs to develop:	
Target Launch Date:	
Product(s) Description: (Include product name and form - gel, cream, oil, etc.)	
Main / Key Ingredients: (If Any)	
Ingredients to avoid: (If Any)	
Benchmark Product(s): (Existing in the market)	
Desired Certifications, compliances, claims:	
Expected Volume Order per SKU:	**MOQs to be quoted by project manager.
Target Cost Of Goods: (Include Target Cost per SKU)	
Fragrance and Color (If Any):	
Shipping Address for Samples. Please provide your preferred shipping service account number.	
Additional Notes:	

Please send benchmark samples or reference products to Spa De Soleil, INC ATTN: LAB R&D 10443 Arminta St Sun Valley, CA 91352.
All samples must come with copy of filled our Product Development Request Form

PRIVATE LABEL HEALTH & BEAUTY MANUFACTURER

SPA DE SOLEIL®

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