



Unicep Packaging, Inc. 1702 Industrial Drive Sandpoint, Idaho 83864
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REQUEST FOR PACKAGING QUOTE

1. This form is REQUIRED for PACKAGING QUOTES.
2. If there are multiple requests, please duplicate this form.

A. COMPANY INFORMATION

Company Name:		
Street Address:		
City:	State:	Zip:

B. CONTACT INFORMATION

Primary Contact:	E-mail:
Phone:	Fax:
Technical Contact:	E-mail:
Phone:	Fax:
QA Contact:	E-mail:
Phone:	Fax:
Shipping/Receiving Contact:	E-mail:
Phone:	Fax:
Accounts Payable Contact:	E-mail:
Phone:	Fax:

C. PRODUCT INFORMATION

Detailed specifications	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Unit size:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Color:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Specifications:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable

Bulk product formulation	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Unicep mixed: See Request for mixing quote	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Customer supplied:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Third party supplied, company name and expected delivery date:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Special handling requirements:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Hazardous material:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Storage requirements:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable

SPECIAL INSTRUCTIONS

Please list any special instructions:

REQUEST FOR PACKAGING QUOTE continued

D. SECONDARY PACKAGING

Pouching or bagging	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Pouch/bag material, size and milage:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Units per pouch/bag:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Customer requirements - barrier, permeability, color, thickness:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Is amine free packaging required:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Will nitrogen fill be required:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Fin pouch or 4-sided pouch:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Pouching material customer supplied or Unicep provided:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Previous vendor and item numbers:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Lot codes or graphics:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable

SPECIAL INSTRUCTIONS

Please list any special instructions:

E. SECONDARY PACKAGING

Cartoning	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Carton material, size, dimensions:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Units/pouches/bags per carton:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Customer supplied or Unicep provided:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
If customer supplied, is receiving inspection required?	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Previous vendor and item numbers:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Tamper evident, glued or secured ends:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Lot codes, graphics, font size, location:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable

SPECIAL INSTRUCTIONS

Please list any special instructions:

REQUEST FOR PACKAGING QUOTE continued

F. SECONDARY PACKAGING

Shippers	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Cartons/ pouches/bags per shipper:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Dimensions/specifications:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Customer supplied or Unicep provided:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Labeled:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Crush strength requirements	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Lot codes or graphics:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Format of lot codes, graphics and location desired:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Pallet size requirements:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Grade of pallet:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Slip sheets, stretch wrap:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Maximum stacking height allowed and stacking pattern required:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Specific shipping instructions:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Specific shipping companies:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Specific format for packing slip:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable

SPECIAL INSTRUCTIONS

Please list any special instructions:

G. QUALITY CONTROL

Quality control specifications	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Declaration of conformity required:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Quality control information required:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Customer quality reports required:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Record-keeping requirements:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Testing methods and tolerances:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Validation requirements:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Will validation on manufacturing process be required:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable

SPECIAL INSTRUCTIONS

Please list any special instructions:

REQUEST FOR PACKAGING QUOTE continued

H. ACCOUNTING

Accounting details	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Invoicing format required:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Accounts payable check cutting dates:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable
Documents required for success with customer invoice system:	<input type="checkbox"/> Attached	<input type="checkbox"/> Not applicable

SPECIAL INSTRUCTIONS

Please list any special instructions: