



AMAXI NUTRITION PRODUCTS
Web: www.amaxinutrition.com
Tel: 9099892688 Fax: 9099892338
10655 7th St., Rancho Cucamonga, CA 91730

New Customer Inquiry Sheet

Customer Information

Company Name: _____

Address: _____

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone Number: _____ Fax Number: _____

Bill to address: _____

Customer Type: _____

Individual

Company

Govt. Agency

Describe general interest in Amaxi, including products interest, i.e., infant milk, children milk, adult milk. What are your short-term and long-term goals and timing expectations?

Target Market/ Countries

Export/Import Regulatory Requirements

1. Are you licensing to import our products? Describe
2. Do you have your own label? Do you prefer to manage/hold your own label and be responsible for label design, content and compliance?
3. List the specific requirements for countries you intent to sell Amaxi's products

Thank you for your interest in Amaxi Nutrition.



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Formula requirements:

1. Comparable to which formula
2. Custom formulation
3. Ingredients

Packaging Specifications:

Size, Counts, (Grams, Pounds)

Packaging Description (Tin or Composite cans, Bags)

Annual Purchase Forecast (require for business evaluation)

Year in Business, Years in Powder Milk business and Years of Importation

Thank you for your interest in Amaxi Nutrition.