

## Order Form

This questionnaire is used to perform an accurate analysis of your product. Please answer all questions completely and as specifically as possible. If you have any questions, do not hesitate to call us at 1- 619-938-2750. Fax the completed questionnaire to 619-938-2712 or email to [info@mariasfreshfoods.com](mailto:info@mariasfreshfoods.com)

Date

Purchase Order

Company

Contact Name

Address

Phone Number

City

Fax Number

State

Email

ZipCode

Please let us know how you found us: ie: google search or yahoo, or other), what did you search for to find the services you needed (food labeling, nutrition facts, etc)

Product Name & Type:

2) Please be specific when listing all of the ingredients in your product. Beside each ingredient, list the quantity used in your formula then the unit of measurement. All measurements are fine (eg: lbs, kg, ml, oz., gms). Please indicate if the ingredient has be Preprocessed in any way (eg: boiled, baked, etc.)

### SERVICE(S) REQUESTED

Nutrition Analysis\*

Ingredient Statement\*

Nutrition Facts Label\*

Nutrient Content Claims

Other

**MARIAS FRESH FOODS INC.**  
 1846 Brabham St., El Cajon CA 92019  
 phone:(619) 938-2750 fax: (619) 938-2712

**NUTRITION QUESTIONNAIRE**

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Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Company: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ email address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please let us know how you found us: i.e.: google search or yahoo, or other), what did you search for to find the services you needed (food labeling, nutrition facts, etc) existing customer**

**Product Name & Type**

2) Please be **specific** when listing **all** of the ingredients in your product. Beside each ingredient, list the quantity used in your formula then the unit of measurement. All measurements are fine (e.g.: lbs. kg, ml. oz., gms). Please indicate if the ingredient has be Pre-processed in any way (e.g.: boiled, baked, etc.)

<b>Ingredient and Brand Name</b>	<b>( R ) aw</b>	<b>quantity</b>	<b>%</b>
	<b>( P ) reprocessed</b>	<b>(lb. oz. ml)</b>	<b>(Optional)</b>
Example: Unbleached Wheat Flour – Enriched	R	11 lb	4%

3) Is your product processed in any way?

What are the processes (Check all that apply and number them in order):

- |  |                                     |                                     |
|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Baked   | <input type="checkbox"/> Canned     | <input type="checkbox"/> Grilled    |
| <input type="checkbox"/> Boiled  | <input type="checkbox"/> Deep Fried | <input type="checkbox"/> Dehydrated |
| <input type="checkbox"/> Steamed   | <input type="checkbox"/> Frozen     | <input type="checkbox"/> Microwave  |
| <input type="checkbox"/> No other processing other than mentioned above    |                                     |                                     |
| <input type="checkbox"/> Do you use a releasing agent – Please specify- no |                                     |                                     |

Does your product gain or lose weight during your processing procedure?

- Yes  No

If so, how much of the total weight is lost or gained during the process?

In other words, subtract the pounds out from the pounds into the process.

Before: Product weight into the process	( ) pounds	( ) Kilograms
Less: Product weight out of process	( ) pounds	( ) Kilograms
Total: Product weight lost during process	( ) pounds	( ) Kilograms

4) How big is your package’s available label display area? (in square inches)

- less than 12 sq. in.  between 12 and 40 sq. in.  40 or more sq. in.

5) Have you determined Serving Size  Yes  No. If so, please state:

If not, we will calculate for you based on FDA regulations.

6) Total Product weight per package or container or units per package or container: