

1 ACCOUNT INFORMATION

ACCOUNT NAME: _____ ACCOUNT # _____
 CONTACT EMAIL: _____ LAST 4 DIGITS OF CC TO CHARGE _____ DATE: ____/____/____

2 PACKAGE ANGLES

AMAZON IMAGE ANGLES:



Amazon image requirements, from Dietary Supplement page:

<https://sellercentral.amazon.com/help/hub/reference/external/55N3JF2WQS7RVNE>

Product images that meet the following requirements:

- Are legible
- Clearly show the entire product label (all sides), including the applicable facts panel, ingredients list, certification logos, identity statement, instructions for use, and any product warnings
- Contain the product name
- Contain the name and contact information of the brand owner or manufacturer
- Are a direct image of the product or its packaging. A computer-generated image or mock-up will not be accepted
- Appear on the detail page of your product

3 ORDER DETAILS

For Customer Completion:

VITALABS PRODUCT NAME: _____	VITALABS PRODUCT NAME: _____
YOUR CUSTOM PRODUCT NAME: _____	YOUR CUSTOM PRODUCT NAME: _____
QTY PER BOTTLE: _____ (or) AMOUNT PER POUCH: _____	QTY PER BOTTLE: _____ (or) AMOUNT PER POUCH: _____
VITALABS PRODUCT NAME: _____	VITALABS PRODUCT NAME: _____
YOUR CUSTOM PRODUCT NAME: _____	YOUR CUSTOM PRODUCT NAME: _____
QTY PER BOTTLE: _____ (or) AMOUNT PER POUCH: _____	QTY PER BOTTLE: _____ (or) AMOUNT PER POUCH: _____
VITALABS PRODUCT NAME: _____	VITALABS PRODUCT NAME: _____
YOUR CUSTOM PRODUCT NAME: _____	YOUR CUSTOM PRODUCT NAME: _____
QTY PER BOTTLE: _____ (or) AMOUNT PER POUCH: _____	QTY PER BOTTLE: _____ (or) AMOUNT PER POUCH: _____

FOR ADDITIONAL PRODUCTS WITHIN THE SAME ORDER, PLEASE COMPLETE THE NEXT PAGE AS MANY TIMES AS NECESSARY.

4 APPROVAL INFORMATION

Please confirm your approval of this order by signing this document.

 Authorized Signature _____
 Date

1 ACCOUNT INFORMATION (continued)

ACCOUNT NAME: _____ ACCOUNT # _____
CONTACT EMAIL: _____ LAST 4 DIGITS OF CC TO CHARGE _____ DATE: ____/____/____

FOR ADDITIONAL PRODUCTS WITHIN THE SAME ORDER, PLEASE COMPLETE THIS PAGE AS MANY TIMES AS NECESSARY.

3 ORDER DETAILS (continued)

For Customer Completion:

VITALABS PRODUCT NAME: _____ YOUR CUSTOM PRODUCT NAME: _____ QTY PER BOTTLE: _____ (or) AMOUNT PER POUCH: _____	VITALABS PRODUCT NAME: _____ YOUR CUSTOM PRODUCT NAME: _____ QTY PER BOTTLE: _____ (or) AMOUNT PER POUCH: _____
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VITALABS PRODUCT NAME: _____ YOUR CUSTOM PRODUCT NAME: _____ QTY PER BOTTLE: _____ (or) AMOUNT PER POUCH: _____	VITALABS PRODUCT NAME: _____ YOUR CUSTOM PRODUCT NAME: _____ QTY PER BOTTLE: _____ (or) AMOUNT PER POUCH: _____
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