



Client Information Form

Please complete page one with your first order, for subsequent orders, start on page two.

If you do not wish to complete this form online at nutrition-diet-services.com/orderform, you may do one of the following:

(1) Fax: Print the package forms, complete and FAX to: (503) 654-3669 OR

(2) Email: Complete the package and email to: services@nutrition-diet-services.com

Name: _____ Date: _____

Company Name (if applicable): _____

Address: _____

City: _____ State/Prov: _____

Country: _____ Zip/Postal Code: _____

Phone: _____ Extension: _____ Fax: _____

Cell Phone: _____ Email: _____

Please use our price list to estimate total cost (all prices in US dollars):

Amount of payment: _____

Form of Payment:

☐ Check (Cheque) enclosed (payment should be in US dollars + payable to Nutrition and Diet Services)

Purchase order number _____

Credit card: ☐ VISA ☐ MasterCard ☐ American Express

Number: _____

Expiration date: _____ CCV Code: _____



Nutrition Facts Panel Order Form

Name: _____ Date: _____

Company Name (if Applicable): _____

Product Name: _____

Label Format:

- ☐ US Nutrition Facts Panel
- ☐ Standard Vertical
- ☐ Horizontal Tabular
- ☐ Horizontal Linear
- ☐ Dual
- ☐ Other (Please specify: ☐ Australian, ☐ Canadian, ☐ European)
- ☐ Not Sure

Ingredient Declaration Format:

The FDA requires that all ingredients AND sub-ingredients be listed in descending order by weight

- ☐ Basic Ingredient Statement (I will fill in sub-ingredients)
- ☐ Full disclosure ingredient statement (NDS will fill in sub-ingredients for an additional charge)

Allergen Statement:

The FDA requires that specific food allergens be identified. This can be within the ingredient statement or following the ingredient statement

- ☐ I will do the allergen statement
- ☐ NDS adds allergen statement (additional charge)

Nutrient Analysis Only:

- ☐ Nutrient Analysis Only (no label)

Do you also need Product Reformulation and Consultation?

- ☐ Meet your marketing goals
- ☐ Meet government or institution standards or goals
- ☐ Meet FDA labeling nutrient or health claim regulations (additional charge)

Return: ☐ One week (standard price) ☐ 2-3 days (1.5 times standard) ☐ 24 hour rush (2 times standard)

Non-disclosure: All product information is kept strictly confidential.
We are happy to sign a non-disclosure agreement that you supply.

For assistance with this form please phone (503) 654-3583 from 8AM to 5PM PST Monday - Friday

nds Ingredient Worksheet (Part 1)

Name: _____ Date: _____

Company Name (if Applicable): _____

Product Name: _____

If you have nutrition information for special ingredients (i.e. prepared mixes, seasoning mixes), please email or fax a copy to us. If you have more than twenty ingredients, use additional copies of this page.

Ingredient Name & Description*	Brand name	Product code #	Supplier phone no.	Amount** (weight is preferred)

*Include description such as: salted, unsalted, raw, canned, frozen, dehydrated, etc.

**Amount: weight (pounds, ounces, grams) is preferred, but you may use volume (cups, tablespoons) or percentages.

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Ingredient Worksheet (Part 2)

Name: _____ Date: _____

Company Name (if Applicable): _____

Product Name: _____

Check the boxes as they apply to your product:

Product Category:

- ☐ bakery product ☐ beverage ☐ cereal/grains ☐ condiment ☐ dairy ☐ dessert
☐ dip ☐ entree ☐ fruit/juice ☐ fish/meat/poultry ☐ salads ☐ sauce ☐ snack
☐ sweets ☐ vegetables

Product form (as sold):

- ☐ raw ☐ baked ☐ fried ☐ bottled ☐ frozen ☐ other _____

Batch Weight:

Total batch weight or number after processing/cooking _____

(applicable to foods with loss after cooking)

Number of finished pieces or cups per batch _____

Weight of 1 finished piece or 1 cup: _____ ounces or _____ grams

Baked Products only, list: _____ raw batch or piece weight _____ baked batch or piece weight

Package Net Weight: _____ ounces or _____ grams of contents only