



Feingold® Association of the United States

P.O. Box 421 Forrest, IL 61741

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PRODUCT INQUIRY FORM

Manufacturer's Name _____ Phone (_____) _____

Address _____

Brand Name(s) _____ Product Name & UPC # _____

(Only ONE Product per form, please!)

Please indicate whether or not your product or any individual ingredients contains any of the following:

- 1. Artificial (synthetic) color... YES NO
Do any of the ingredients in this product... YES NO
If your product contains cheese... YES NO
2. BHA (butylated hydroxyanisole)... YES NO
Are BHA, BHT, or TBHQ contained... YES NO
If yes, please circle which ones...
3. Artificial (synthetic) flavor... YES NO

If any of the above answers are yes, please stop, endorse on the reverse side and return form partially completed.

Thank you!

- 4. Does your product contain natural flavor? YES NO
If you are using natural vanilla... YES NO
If your product contains natural flavor...
5. Natural smoke flavoring... YES NO
6. Natural color additives... YES NO
7. Artificial or low calorie sweetener... YES NO
8. Corn sweetener... YES NO
9. Sodium Benzoate or Benzoic Acid... YES NO
10. Calcium Propionate... YES NO
11. Nitrites/Nitrates... YES NO
12. Sulfiting Agents... YES NO
13. Fluoridated Water... YES NO

The information provided in this form is for the use of the Feingold Association and its members only. No legal action of any kind may be based upon or supported in any way by either the information provided in this form or the signing of this form"- Feingold Association of the United States.

Please indicate whether or not your product contains any of the following:

YES NO

14. MSG, HVP (hydrolyzed vegetable or plant protein), or "Accent" _____

Are MSG or HVP contained in any of the following ingredients in this product? :

autolyzed yeast, sodium caseinate, natural flavoring, calcium caseinate, broth, malt flavoring, high flavored yeast, soybean extract, textured soy protein, yeast extract, or seasonings (If so, please circle which ones.)

15. Pectin. If yes, from what fruit(s) does it originate: _____

16. Does this product (or any of its ingredients) contain gluten? _____

17. Does this product (or any of its ingredients) contain casein? _____

If you are uncertain about any ingredient and would like us to contact your supplier, please provide the supplier's name and address and the ingredient in question. _____

To assist those who are sensitive to salicylates, please indicate if any of the following, in any form, are included in this product. Please check also to see if they are part of "natural flavoring" or "spices" added to the product:

- | | | |
|---|---|--|
| <input type="checkbox"/> Acerola Cherry | <input type="checkbox"/> Cloves | <input type="checkbox"/> Pickles |
| <input type="checkbox"/> Almonds | <input type="checkbox"/> Coffee | <input type="checkbox"/> Plums |
| <input type="checkbox"/> Apples | <input type="checkbox"/> Cucumbers | <input type="checkbox"/> Prunes |
| <input type="checkbox"/> Apricots | <input type="checkbox"/> Currants | <input type="checkbox"/> Raisins |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Grapes | <input type="checkbox"/> Raisin Syrup |
| <input type="checkbox"/> Berries | <input type="checkbox"/> Nectarines | <input type="checkbox"/> Rose Hips |
| (if yes, please list) | <input type="checkbox"/> Oil of Wintergreen | <input type="checkbox"/> Tangelos |
| _____ | <input type="checkbox"/> Oranges | <input type="checkbox"/> Tangerines |
| _____ | <input type="checkbox"/> Paprika | <input type="checkbox"/> Tea |
| _____ | <input type="checkbox"/> Peaches | <input type="checkbox"/> Tomatoes |
| <input type="checkbox"/> Cherries | <input type="checkbox"/> Peppers, bell | <input type="checkbox"/> Wine |
| <input type="checkbox"/> Cider | <input type="checkbox"/> Peppers, chili | <input type="checkbox"/> Wine Vinegar |
| <input type="checkbox"/> Cider Vinegar | <input type="checkbox"/> Peppers, red | <input type="checkbox"/> None of the above |

18. List ingredients: (or enclose separately – package labels are great) _____

19. Please indicate the type of stores where our members can locate this product. _____

20. Is this product sold by mail order? If yes, please give us ordering details. YES NO

21. Please shade in area of the U.S. where this product is available retail or list states.



22. Can our Canadian members purchase this product locally with the same formulation? YES NO

If yes, under what brand names? _____

Signature of Manufacturer's Representative / Printed Name / E-mail

Position: _____ Date: _____

Please sign and return this form to: FAUS Product Information Center P.O. Box 421 Forrest, IL 61741

Phone 815-657-8134 Email ckharrell62@gmail.com or pic@feingold.org

Thank you for your help!