Check (✔) if Confidential ❑

FORM 2 – Source of Ingredient Information

(Instructions for completing FORM 2: See back side)

Will your company be using a *formulator*? Check (✔) "no" or "yes" and complete the blanks as indicated.

❑ **No, my company, _____, the *responsible party*, will not be using a *formulator* to complete ingredient information for any product or *product group* submitted for this survey.**

– OR –

❑ **Yes, my company, _____, the *responsible party*, will be using a *formulator* to complete ingredient information for one or more products submitted for this survey.** *List formulator contact information below; photocopy sheet as needed.*

formulator

Product Tracking Number(s): ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Formulator Company Name: _____

_____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Formulator Contact Name: _____

Title: _____

Phone: _____ **Fax:** _____

Email: _____

formulator

Product Tracking Number(s): ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Formulator Company Name: _____

_____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Formulator Contact Name: _____

Title: _____

Phone: _____ **Fax:** _____

Email: _____

formulator

Product Tracking Number(s): ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Formulator Company Name: _____

_____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Formulator Contact Name: _____

Title: _____

Phone: _____ **Fax:** _____

Email: _____