



P.O. Box 661493, Arcadia, CA 91066 • Tel 626.824.2588 • Fax 909.985.0620

Recipe Analysis Order Form

Company Name: _____ Contact Person: _____

Company Address: _____

Contact Phone Number: _____ Fax #: _____

Email: _____ Date Needed By: _____

Standard lead-time once **all paperwork and payment is returned to me** is 5 – 7 days.
 If expedited service is needed, please add \$150.00 to your order. Expedited lead-time is 2 – 4 days.

| Description | Quantity | Cost per Item | Total |
|--|----------|-------------------------------------|-----------|
| Nutrition/Recipe Analysis (Required with Nutrition Facts Label) | | \$150.00 | |
| Camera Ready Label for Printing | | \$25.00 | |
| Nutrition Facts Label | | \$100.00 | |
| Recipe Modification (Includes up to 2 revisions. \$15.00 for every revision thereafter.) | | \$75.00 | |
| Diabetic Exchange Calculation | | \$50.00 | |
| Heart Healthy Recipe Development | | \$125.00 | |
| Kid's Menu Development/Creation (An estimated time will be given once scope of project is determined) | | \$90.00 per hour | |
| Health & Nutrient Claim Review & Development | | \$90.00 per recipe | |
| Allergen Statement | | \$50.00 | |
| Speaking Engagement | | Please contact me to discuss rates. | |
| Expedited Service Needed? | | \$150.00 | |
| TOTAL DUE | | | \$ |

* Please download and complete the appropriate forms and include them with your order form.