**Cosmetic Your Ways Product Idea Questionnaire**

Please complete this questionnaire and send it back via email to zkovac@cosmeticyourways.com at least **one** day before your scheduled appointment. These questions will help get all the details. I know some of these will change, which is part of it. Do your best with these questions.

What is your product idea, company name, phone number, email, and shipping address?

What category does your product fall in? (i.e. hair care, body care, makeup, etc)

What is the primary function of your product?

What specific problem or need does your product address?

Who will benefit the most from this type of product?

What ingredient(s) are you creating your story around?

What ingredients claims do you have to have? (i.e. organic, “natural”, sulfate-free, “clean”)

If you want to claim natural or clean, what is your definition?

Are you making any OTC or drug claims? (reduces acne, reduces hyperpigmentation, etc.)

Who is your target consumer?

Create a profile identity for your ideal customer.

* Age range
* Gender identity
* Hair/Skin Type
* Where does he/she/they shop?
* What are their demographics?
* How much money do they make?
* How important is “natural”/ ”clean” to your customer?

What products do you like the look, smell, and feel of?

If there is a specific product, share the product name, company name, and ingredients list.

What do you not like about them?

If it is a color cosmetic, what type of shade(s) are you thinking?

What type of packaging do you envision for your product?

What is the ideal retail price of your product?

Where will your products be sold?
What products/brands do you consider direct competition?

What’s the budget for your product to market?

Factors to consider:

* Formulation
* Safety Testing
* Claims Substantiation
* Cost to produce your final product.
* Freight/Shipping
* Warehousing/Storage

I look forward to hearing from you.