**Cosmetic Your Ways Product Idea Questionnaire**

**Please complete this questionnaire and send it back via email to** [cosmeticsyourwaysblog@gmail.com](mailto:cosmeticsyourwaysblog@gmail.com) **least 3 days before your scheduled appointment.**

1. What is your product idea, company name, phone number, email, and shipping address?
2. What are the product's performance characteristics? (What will the product thickness be, what texture are you going for?) (What will the product be geared to do? I.e., Hair Growth, Acne Prevention, etc.)
3. What do you want to be able to say about the product on the label?
4. Who is your Target Market (women, men, teenagers, etc.)?
5. What form do you want the product to take? (e.g., cream, lotion, solution, gel, paste, etc.)
6. Are there any special ingredients you want us to use?
7. Are there any ingredients you DON'T want us to use?
8. What is the priority for this product? (economical price? Hot, new ingredients, natural ingredients? High-end functional ingredients? etc.)
9. Do you want us to use fragrances that Cosmetic Your Ways has in stock? Will you provide your own, or are you looking for a natural scent? (If you have a scent you would like to use, let us know. You will be asked to send the fragrance to the lab.)
10. Are there products on the market that you like?  If so, what are they?   (Please be specific with the company and product name.)
11. Please give us the ingredient listing from the container of the product whose performance you like.
12. What do you like about them? What DON'T you like about them?
13. What color do you want your product to be? Do you prefer a natural coloring?
14. What is your expected timeframe for this project?
15. What is the expected budget for this project?
16. Will you be manufacturing this product on your own or contracting it out to a manufacturer?