



Torah Vachessed Kosher

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Request For Private Label Authorization

Date: _____

THIS FORM MUST BE SUBMITTED:

- (A) PRIOR TO PRODUCTION FOR A NEW PRIVATE LABEL COMPANY (WHERE PACKAGING BEARS THE TVK SYMBOL.
- (B) PRIOR TO PRODUCTION OF A NEW PRODUCT(S) FOR A PREVIOUSLY APPROVED PRIVATE LABEL COMPANY.

Use the Name of the Company as it is known to the TVK:

Manufacturer:

Contact/Title: Telephone:

Please specify below where the Private Label Product(s) is to be manufactured:

Plant: _____ **City/State:** _____

Plant: _____ **City/State:** _____

Private Label Company:

Address:

Contact/Title: _____ **Telephone:** _____

Has your Company previously been authorized to produce for the above named Private Label Company? Yes No

Is this product currently ____ approved under other brand names? Yes No

Is this product for Consumer, Industrial and/or Institutional use?

If "No" please submit a "Request for Product Approval" together with this form.

Please give the Name of the Product and Brand name exactly as it appears on the label. Any number that is part of the product name must be included. Include a copy or mock-up of the label.

Company Product Name

Distributor's Product Name

Brand to Appear on P.L. Product