



Feingold® Association of the United States
3612 W. Whitten Street Chandler, AZ 85226
NON-FOOD PRODUCT INQUIRY FORM

CH

Manufacturer's Name _____ Phone (____) _____

Address _____

Brand Name(s) _____ Product Name & UPC# _____

(Only ONE Product per form, please!)

Please indicate whether or not your product or any individual ingredients contains any of the following:

- | | YES | NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 1. Artificial (synthetic) color (certified color additives such as FD&C Yellow #6, tartrazine, etc.) | ___ | ___ |
| Has synthetic coloring been added to any of the secondary ingredients in this product? | ___ | ___ |
| 2. BHA (butylated hydroxyanisole), BHT (butylated hydroxytoluene), or TBHQ (tertiary butylhydroquinone) | | |
| Are BHA, BHT, or TBHQ contained in any of the following items in your product? | ___ | ___ |
| (If yes, please circle which ones): oil, animal fat, Vitamin A palmitate, Vitamin D, Vitamin E, or packaging material such as liners or lids (for the purpose of preserving the product) | ___ | ___ |
| 3. For lip balm or lipstick: artificial (synthetic) flavor | ___ | ___ |

If any of the above answers are yes, please stop, endorse on the reverse side and return form partially completed. Thank you!

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 4. Natural color additives (uncertified or nature identical such as beta carotene or annatto)
If yes, please indicate which one(s) _____ | ___ | ___ |
| Does this coloring contain BHA, BHT or TBHQ? | ___ | ___ |
| 5. Does the product contain fragrance? If yes, is this fragrance: <input type="checkbox"/> masking <input type="checkbox"/> synthetic <input type="checkbox"/> natural | ___ | ___ |
| 6. Sodium Benzoate or Benzoic Acid | ___ | ___ |
| 7. Calcium Propionate | ___ | ___ |
| 8. Fluoridated Water | ___ | ___ |
| 9. Salicylate based chemicals such as octyl salicylate | ___ | ___ |
| 10. Sulfiting Agents | ___ | ___ |
| 11. Does this product (or any of its ingredients) contain gluten? | ___ | ___ |
| 12. Does this product (or any of its ingredients) contain casein? | ___ | ___ |

“The information provided in this form is for the use of the Feingold Association and its members only. No legal action of any kind may be based upon or supported in any way by either the information provided in this form or the signing of this form.” -- Feingold Association of the United States.

If you are uncertain about any ingredients and would like us to contact your supplier, please provide the supplier's name and address and the ingredient in question.

To assist those who are sensitive to salicylates, please indicate if any of the following, in any form, are included in this

Product. Please check also to see if they are a part of "natural flavoring" or "spices" added to the products!

- | | | |
|-----------------------------------------|---------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Acerola Cherry | <input type="checkbox"/> Cloves | <input type="checkbox"/> Pickles |
| <input type="checkbox"/> Almonds | <input type="checkbox"/> Coffee | <input type="checkbox"/> Plums |
| <input type="checkbox"/> Apples | <input type="checkbox"/> Cucumbers | <input type="checkbox"/> Prunes |
| <input type="checkbox"/> Apricots | <input type="checkbox"/> Currants | <input type="checkbox"/> Raisins |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Grapes | <input type="checkbox"/> Raisin Syrup |
| <input type="checkbox"/> Berries | <input type="checkbox"/> Nectarines | <input type="checkbox"/> Rosehips |
| (if yes, please list) | <input type="checkbox"/> Oil of Wintergreen | <input type="checkbox"/> Tangelos |
| _____ | <input type="checkbox"/> Oranges | <input type="checkbox"/> Tangerines |
| _____ | <input type="checkbox"/> Paprika | <input type="checkbox"/> Tea |
| _____ | <input type="checkbox"/> Peaches | <input type="checkbox"/> Tomatoes |
| <input type="checkbox"/> Cherries | <input type="checkbox"/> Peppers, bell | <input type="checkbox"/> Wine |
| <input type="checkbox"/> Cider | <input type="checkbox"/> Peppers, chili | <input type="checkbox"/> Wine Vinegar |
| <input type="checkbox"/> Cider Vinegar | <input type="checkbox"/> Peppers, red | <input type="checkbox"/> None of the above |

13. List of ingredients: (or enclose separately – package labels are great)

14. Please indicate the type of stores where our members can locate this product. _____

15. Is this product sold by mail order? If yes, please give us ordering details. YES NO

16. Please shade in the area of the U.S. where this product is available retail or lists states.



17. Can our Canadian members purchase this product locally with the same formulation? YES NO

If yes, under what brand name? _____

Signature of Manufacturer's Representative

Printed Name

E-mail

Position: _____

Date: _____

Please sign and return this form to: FAUS Product Information Center
3612 W. Whitten Street - Chandler, AZ 85226
Phone: 480-855-5699 Fax: 480-659-4246
Email (for questions): lorraineski@cox.net

Thank you for your help!