

# Private Label Compliance Form

Affix Labels Here



Date: \_\_\_\_\_

Customer No. \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

In order to protect both you and CBI Laboratories, Inc., and in order to assure the governmental agencies which regulate the cosmetics and OTC industries, we request that you sign this form and return it to us as soon as possible. In addition, it is a regulated requirement that we possessed sample of the label that you affix to the products purchased from CBI. **Orders will not be processed or shipped until the required information is received.**

According to the Code of Federal Regulations (CFR), Title 21, Part 701.12, *"The label of a cosmetic...shall specify conspicuously the name and place of business of the manufacturer, packer and distributor... Where the cosmetic is not manufactured by the person whose name appears on the label, the name shall be qualified by a phrase that reveals the connection such person has with such cosmetic, such as, "Manufactured for\_\_\_\_", "Distributed by\_\_\_\_", or any wording that expresses the facts. The statement of the place of business shall include the street address, City, State and ZIP Code; however, the street address may be omitted if it is shown in a current city directory or telephone directory."*

I have read the above and acknowledge my responsibility as a distributor of cosmetic products manufactured by CBI.

### License Required / Please Attach

- Estheticians' License
- Cosmetologists' License
- Business Owner's License or Store Permit
- Physician's License
- Other
- Re-Sale Tax Certificate (Texas Clients Only)

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Thank you for your assistance and cooperation.

Pamela Jo Busiek  
President, CBI Laboratories, Inc.