



PRODUCT SUBMISSION FORM

COMPANY INFORMATION

Company Name _____ Contact Name _____
Address _____ E-mail _____
City/State/Zip _____ Country _____
Telephone _____ Fax _____ Website _____
Manufacturer ____ License ____ Distributor ____ Manufacturer's Rep ____ Inventor/Patent Holder ____
Country of Origin _____ FOB Point _____

MARKETING

How is product currently being marketed? (Check all that apply)
Catalog Direct Mail Print Ads (magazines) Internet Mfg Reps Department Stores
Specialty Store QVC HSN Television Discount Chain

PRODUCT

Product Name _____
Description _____

Manufacturer's Suggested Retail Price \$ _____
Wholesale Price to MCW \$ _____
Quantity Discounts Available? _____ Manufacturer's Warranty _____
Weight Per Unit _____ Dimensions (L x H x W) _____
Shipping Size _____ Quantity per case _____
Available In (check all that apply) Bulk Retail Pkg Re-Shipper Quantity available (on hand) _____
Manufacturing capabilities (weekly or monthly) _____

**Please submit form with samples for evaluation*