

1

ACCOUNT INFORMATION

ACCOUNT NAME: _____ ACCOUNT # _____

CONTACT EMAIL: _____ LAST 4 DIGITS OF CC TO CHARGE _____ DATE: ____/____/____

2

AVAILABLE ANGLES & PACKAGES

FRONT VIEW	Angle A1 - \$25 (front) 	Angle A2 - \$25 (left) 	Angle A3 - \$25 (right) 	Angle A4 - \$35 (3 bottle single image)  <p>Large jars ranging from 19 ounces to 32 ounces and above, as well as pouches of 1500cc and larger, are not covered under this particular angle option.</p>	
	Angle B1 (Box) - \$25 (front) 	Angle B2 (Box + A1) - \$50 <p>Includes: •Box (C1) •Bottle (A1) •Combined image</p> 	Angle B3 (Box + A3) - \$50 <p>Includes: •Box (C1) •Bottle (A1) •Combined image</p> 	POUCH VIEW	Angle c1 - \$25 (front)  <p>single serving pouches are not included</p>

Final images will be provided in JPG (white background with shadows) and PNG (transparent background) at 2000 x 2000 pixels, based off your current label + packaging specs. **Free Re-rendering Policy:** If the formula for your supplement product changes and you require a new rendering, please inform your designer when confirming the updated label. This will ensure you receive a complimentary re-rendering for the same supplement panel angle. Please note that this policy does not cover changes to labels or packaging requested by the customer. Furthermore, it does not account for variations or discrepancies in packaging due to changes in modeling software, which could impact the consistency of new renderings compared to older ones.

Disclaimer: Please note that our renderings and models are created using preset templates and automated software processes, which means they may not accurately represent the final product in detail. If you require specific customizations such as unique models, 3d rotating, lighting, specific camera angles, applying to marketing or lifestyle imagery, or specialized effects like capsules flowing out, you may need to engage a freelancer with expertise in custom work. Websites like Fiverr.com or upwork.com can connect you with professionals who can meet these custom requirements.

3

ORDER DETAILS

For Customer Completion:

VITALABS PRODUCT NAME: _____	<input type="checkbox"/> Angle A1	<input type="checkbox"/> Angle A2	<input type="checkbox"/> Angle A3	<input type="checkbox"/> Angle A4
YOUR CUSTOM PRODUCT NAME: _____	<input type="checkbox"/> Angle B1	<input type="checkbox"/> Angle B2	<input type="checkbox"/> Angle B3	
QTY PER BOTTLE: _____ (or) AMOUNT PER POUCH: _____	<input type="checkbox"/> Angle C1	<input type="checkbox"/> Angle C2		

VITALABS PRODUCT NAME: _____	<input type="checkbox"/> Angle A1	<input type="checkbox"/> Angle A2	<input type="checkbox"/> Angle A3	<input type="checkbox"/> Angle A4
YOUR CUSTOM PRODUCT NAME: _____	<input type="checkbox"/> Angle B1	<input type="checkbox"/> Angle B2	<input type="checkbox"/> Angle B3	
QTY PER BOTTLE: _____ (or) AMOUNT PER POUCH: _____	<input type="checkbox"/> Angle C1	<input type="checkbox"/> Angle C2		

FOR ADDITIONAL PRODUCTS WITHIN THE SAME ORDER, PLEASE COMPLETE THE NEXT PAGE AS MANY TIMES AS NECESSARY.

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APPROVAL INFORMATION

Please confirm your approval of this order by signing this document.

Authorized Signature _____

Date _____

Product Image Form - **DIGITAL RENDERING** (continued)



1 APPROVAL INFORMATION

ACCOUNT NAME:

ACCOUNT #

CONTACT EMAIL:

LAST 4 DIGITS OF CC TO CHARGE

DATE: __/__/__

FOR ADDITIONAL PRODUCTS WITHIN THE SAME ORDER, PLEASE COMPLETE THIS PAGE AS MANY TIMES AS NECESSARY.

3 ORDER DETAILS (Continued)

VITALABS PRODUCT NAME: _____

YOUR CUSTOM PRODUCT NAME: _____

QTY PER BOTTLE: _____ (or) AMOUNT PER POUCH: _____

☐ Angle A1 ☐ Angle A2 ☐ Angle A3 ☐ Angle A4

☐ Angle B1 ☐ Angle B2 ☐ Angle B3

☐ Angle C1 ☐ Angle C2

VITALABS PRODUCT NAME: _____

YOUR CUSTOM PRODUCT NAME: _____

QTY PER BOTTLE: _____ (or) AMOUNT PER POUCH: _____

☐ Angle A1 ☐ Angle A2 ☐ Angle A3 ☐ Angle A4

☐ Angle B1 ☐ Angle B2 ☐ Angle B3

☐ Angle C1 ☐ Angle C2

VITALABS PRODUCT NAME: _____

YOUR CUSTOM PRODUCT NAME: _____

QTY PER BOTTLE: _____ (or) AMOUNT PER POUCH: _____

☐ Angle A1 ☐ Angle A2 ☐ Angle A3 ☐ Angle A4

☐ Angle B1 ☐ Angle B2 ☐ Angle B3

☐ Angle C1 ☐ Angle C2

VITALABS PRODUCT NAME: _____

YOUR CUSTOM PRODUCT NAME: _____

QTY PER BOTTLE: _____ (or) AMOUNT PER POUCH: _____

☐ Angle A1 ☐ Angle A2 ☐ Angle A3 ☐ Angle A4

☐ Angle B1 ☐ Angle B2 ☐ Angle B3

☐ Angle C1 ☐ Angle C2

VITALABS PRODUCT NAME: _____

YOUR CUSTOM PRODUCT NAME: _____

QTY PER BOTTLE: _____ (or) AMOUNT PER POUCH: _____

☐ Angle A1 ☐ Angle A2 ☐ Angle A3 ☐ Angle A4

☐ Angle B1 ☐ Angle B2 ☐ Angle B3

☐ Angle C1 ☐ Angle C2

VITALABS PRODUCT NAME: _____

YOUR CUSTOM PRODUCT NAME: _____

QTY PER BOTTLE: _____ (or) AMOUNT PER POUCH: _____

☐ Angle A1 ☐ Angle A2 ☐ Angle A3 ☐ Angle A4

☐ Angle B1 ☐ Angle B2 ☐ Angle B3

☐ Angle C1 ☐ Angle C2

VITALABS PRODUCT NAME: _____

YOUR CUSTOM PRODUCT NAME: _____

QTY PER BOTTLE: _____ (or) AMOUNT PER POUCH: _____

☐ Angle A1 ☐ Angle A2 ☐ Angle A3 ☐ Angle A4

☐ Angle B1 ☐ Angle B2 ☐ Angle B3

☐ Angle C1 ☐ Angle C2

VITALABS PRODUCT NAME: _____

YOUR CUSTOM PRODUCT NAME: _____

QTY PER BOTTLE: _____ (or) AMOUNT PER POUCH: _____

☐ Angle A1 ☐ Angle A2 ☐ Angle A3 ☐ Angle A4

☐ Angle B1 ☐ Angle B2 ☐ Angle B3

☐ Angle C1 ☐ Angle C2