



Nutrition Analysis Ingredient Form



SMA Member Cost Per Analysis:

Multi-ingredient: _____ analyses @ \$50 ea.

Single-ingredient: Submit at no charge

Non-Member Cost Per Analysis:

Multi-ingredient: _____ analyses @ \$100 ea.

Single-ingredient: _____ analyses @ \$20.00 ea.

Payment is **Required** when form is submitted.

Total Amount: \$ _____

We accept MasterCard, Visa, American Express & Discover.

Credit Card #: _____

Exp. Date: _____ **CVV Code:** _____

Billing Zip Code: _____

Print Name on Card: _____

Signature: _____

Please Contact Nancy Matako if you have any questions.

One Meating Place, Elizabethtown, PA 17022

Phone: (717) 367-1168

Toll Free: (877) 877-0168

Fax: (717) 367-9096

E-mail: nvm@aamp.com



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CONFIDENTIALITY AGREEMENT



THIS AGREEMENT, made this _____ day of _____ 20_____, between the American Association Meat Processors (AAMP), and _____ (company name) (PROCESSOR). Address _____ City _____ State _____ Zip Code _____,

Whereas, PROCESSOR will provide recipes or formulations to AAMP, and

Whereas, AAMP will assess nutrient content of recipe through use of nutrition labeling database, and

Whereas, both PROCESSOR and AAMP, agree that recipes and formulas disclosed by PROCESSOR will be kept confidential by AAMP and used by AAMP strictly for the purpose of providing nutrition facts to PROCESSOR, and

Whereas, recipes or formulations are exclusively the property of PROCESSOR, and

Whereas, all information on recipe ingredient form, such as processing methods, processing yields, packaging, cost analysis, sales and marketing materials, financial statements or any other information given to AAMP by PROCESSOR, shall remain secret and confidential, and no information will be disclosed to any third party by AAMP, and

Whereas, AAMP or any employee, agent, or officer of AAMP will be held harmless by PROCESSOR for any incorrect information, whether it be misinformation provided by PROCESSOR or due to database failure to correctly provide nutrition information.

IN WITNESS WHEREOF, AAMP and PROCESSOR hereto have executed this Agreement on the date first written above.

WITNESS:

PROCESSOR:

(Signature)

(Print Name)

AAMP:

(Signature)

(Print Name)

PROCESSOR retains full responsibility for accuracy of recipe information and nutrition facts reported.



One Meating Place, Elizabethtown, PA 17022
Phone: (717) 367-1168 Fax: (717) 367-9096
Email: aamp@aamp.com Website: www.aamp.com