

General Information

Date Completed:

Business Objective(s):

Country(ies) of Interest:

Contact Information

Company Name:

Headquarters Address
(including city, state, zip):

Website:

Primary Contact

Name:

Title:

Telephone:

Email:

Alternate Contact

Name:

Title:

Telephone:

Email:

Company & Product Information

Company Activity(ies):

<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Service Company
<input type="checkbox"/> Distributor/Representative	<input type="checkbox"/> Franchiser
<input type="checkbox"/> Export Management Company	<input type="checkbox"/> Educational Institution
<input type="checkbox"/> Other (please specify):	

Brief Company Description:

Primary NAICs code:

Number of Employees:

Average Annual Sales: Less than \$5M \$5-10M More than \$10M

Please certify your company size: Small Medium Large

If you are unsure how to calculate your company size per SBA guidelines, please ask your local Trade Specialist.

Are you a U.S. exporter and is your product/service of U.S. origin or contain at least 51% U.S. content?

Yes No

Annual Exports (as % Total Sales): Less than 25% More than 25%

Approximate No. Years Exporting:

Countries Exporting To (past and present):

Does your company have a digital strategy developed for exports through ecommerce sales channels? Yes No

Does your company produce or have rights to export the product/service?

Yes No

Please list the Schedule B/HS Code (and corresponding product description):

Please list the Export Control Classification Number (ECCN):

Describe the product/service(s) to be promoted, including its competitive advantages and unique selling proposition.

What type of licensing or registration does your product/service require in the U.S. (i.e. FDA Approval)? Which requirements do you carry? Are there any pending?

What type of licensing or registration does your product/service require internationally (CE Mark, WEE, RoHS, CCC, GOST-R, FDA Classification, ASME, etc.)? Which requirements do you carry? Are there any pending?

Does your product/service serve a particular group of sub-sectors (for the building sector, this could mean industrial vs. commercial vs. residential; for the medical sector, oncology, ENT, orthopedic, etc.; or for the energy sector, this could include coal, nuclear, gas, oil, etc.)? Please prioritize those sub-sectors that you want us to pursue.

Who are your major competitors at home and in the target market?

Please list the most important end-users or end-user industries for this product/service.

How is your product typically distributed and marketed in the U.S. (and in other countries if applicable)?

What related products might a representative/partner of this product/service also handle?

Does or can your company use more than one distributor/reseller/wholesaler/agent in a country? Does it depend on the geography, market size, or industry? Please explain briefly.

What are the domestic and international trade shows for your industry/company? Please note which shows you exhibit at and which shows you walk.

From the time you first meet a new marketing partner (distributor, agent, dealer, etc.), on average, how long does it take to sign a partner (distributor, agent, dealer, etc.) agreement?

From the time you (or your distributor) first meet a new end-user, on average, how long does it take to complete a sale?

Business Objectives *(if applicable)*

Are you currently working with a local U.S. Commercial Service Field Office? Yes No

If yes, please provide the following:

City:

Trade Specialist (name):

What type of business contacts are you seeking?

<input type="checkbox"/> Distributor/Wholesaler	<input type="checkbox"/> Joint Venture Partner/Licensee
<input type="checkbox"/> Agent/Sales Representative	<input type="checkbox"/> End Users/Buyers
<input type="checkbox"/> Franchisee	<input type="checkbox"/> Additional In-Country Representation
<input type="checkbox"/> Other (please specify):	

Is your firm seeking representation on an exclusive basis in this market? Yes No

Describe your company's interests and objectives in the target market or any special features of your company's operations that can help us identify potential business partners.

Describe any preferences, technical qualifications, servicing capabilities, requirements, or pre-qualifications that ideal prospects must have (i.e. size, geographic territory, investment, etc.).

Describe any online sales channel preferences or verified performance benchmarks that ideal prospects must have (i.e. local website sales, local social media sales, local online marketplace sales, etc.).

Are there any specific companies, or types of companies, you would like us to contact? If so, please list them here.

Are there any specific companies, or types of companies, you would like us NOT to contact?

Marketing Information

Please list here any hyperlinks for marketing materials (links to online .pdf brochures, online videos, etc.). If you prefer, please email any materials to your local contact along with this form.

Local Partner Information *(if applicable)*

Is your company currently represented in this country/region? Yes No

If yes, is this arrangement exclusive? Yes No

If applicable, please provide the necessary contact information of your current representative/partner:

Company Name:

Headquarters Address
(including city, state, zip):

Website:

Contact Name:

Contact Title:

Contact Telephone:

Contact Email:

Is your representative/partner aware you are seeking additional representation?

Yes No

Logistical Information *(if applicable)*

Desired Dates for Service:

Alternative Dates:

Desired Location(s):

Additional Services or Assistance Required:

Public reporting for this collection of information is estimated to be 10 minutes per response, including the time for reviewing instructions, and completing and reviewing the collection of information. All responses to this collection of information are voluntary, and will be provided confidentially to the extent allowed under the Freedom of Information Act. Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Clearance Officer, International Trade Administration, Department of Commerce, Room 4001, 14th and Constitution Avenue, N.W., Washington, D.C. 20230. OMB No.: 0625-0143, Expires: 07/31/2018

Your satisfaction is our top priority. Please inform us of any questions or concerns and we will work quickly and effectively to meet your needs.

We will protect business confidential information to the extent provided under Federal law.