# Company Questionnaire



OMB No.0625-0143

Expires: 09/30/2021

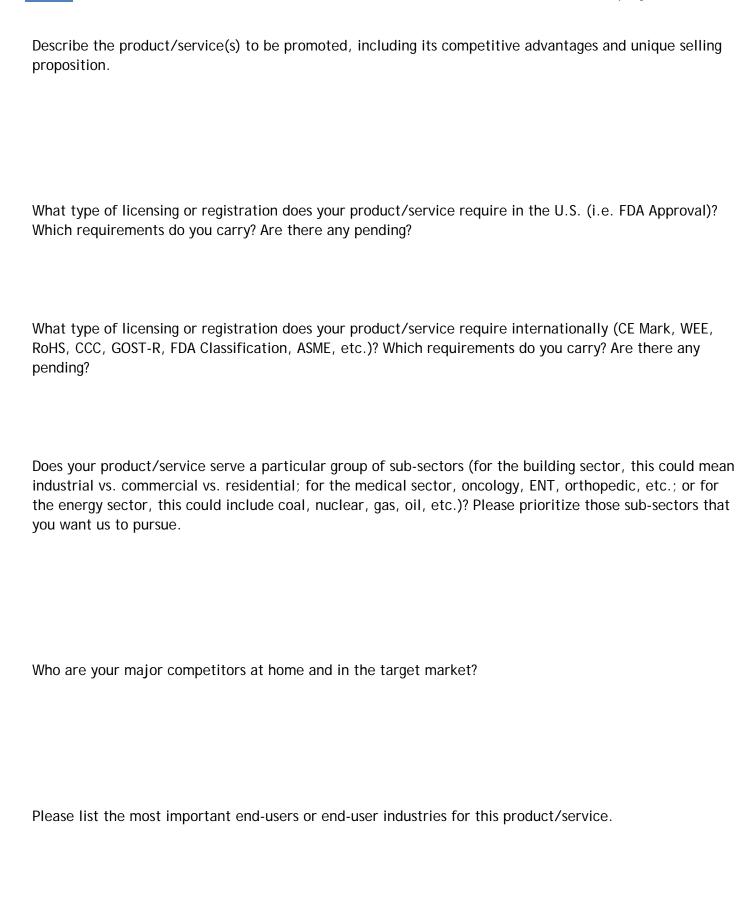
General Information	
Date Completed:	
Business Objective(s):	
Country(ice) of Interest.	
Country(ies) of Interest:	
Contact Information	
Company Name:	
Headquarters Address (including city, state, zip):	
Website:	
Primary Contact	
Name:	Title:
Telephone:	Email:
Alternate Contact	

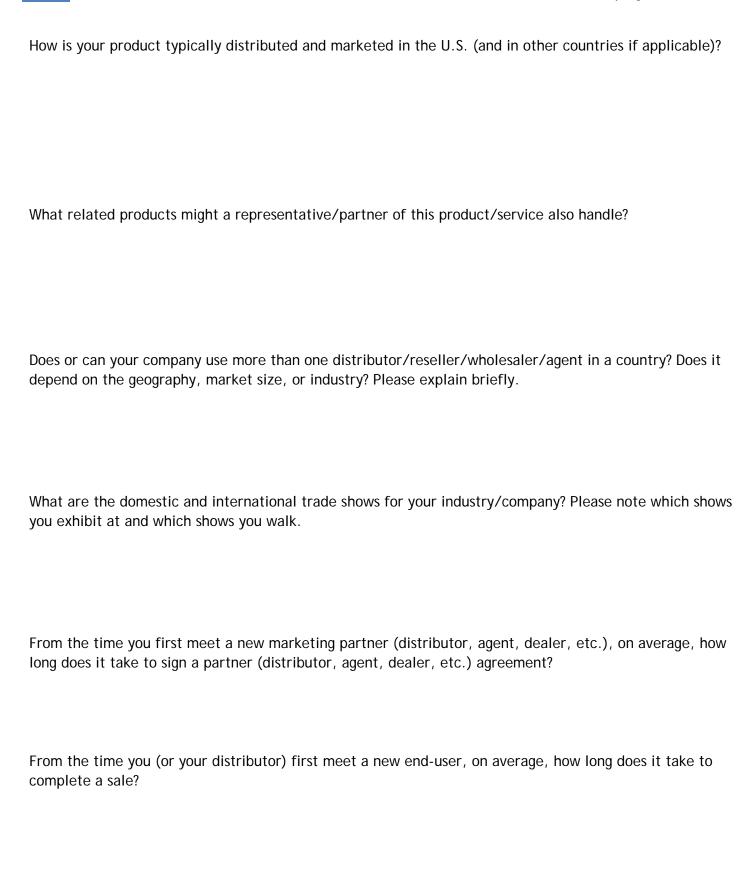
Telephone:

Email:

# **Company & Product Information**

Manufacturer Service Company Company Activity(ies): Distributor/Representative Franchiser **Export Management Company Educational Institution** 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 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):





#### 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?

Distributor/Wholesaler

Agent/Sales Representative

Franchisee

Other (please specify):

Joint Venture Partner/Licensee

End Users/Buyers

Additional In-Country Representation

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 prequalifications that ideal prospects must have (i.e. size, geographic territory, investment, etc.). Are there any specific companies, or types of companies, you would like us to contact? If so, please list them here.

Are they 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 t	this countr	y/region?	res	NO
If yes, is this arrangement exclusive?	Yes	No		
If applicable, please provide the necessary	y contact i	nformation of y	our currer	nt representative/partner:
Company Name:				

Headquarters Address (including city, state, zip):

Website:

Contact Title: Contact Name: 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.