

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 Information

Company Type: Manufacturer Service Company
 Distributor/Representative Franchiser
 Export Management Company Educational Institution
 Other (please specify):

Primary NAICs code:

Average Annual Receipts:

What type of licensing or registration does it require in the U.S.? (i.e. FDA approval)

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

Does your company produce or have rights to export the product/service? Yes No

HS Code (and corresponding product description):

Export Control Classification Code:

Business Objectives *(if applicable)*

What type of business contacts are you seeking?	Distributor/Wholesaler	Joint Venture Partner/Licensee
	Agent/Sales Representative	End Users/Buyers
	Franchisee	Additional In-Country Representation
	Other (please specify):	

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

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

Describe your company's interests and objectives in the target market that can help us identify potential business partners.

Are there any specific companies, or types of companies, you would like us to contact?

If so, please list them here.

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):

Do you require an interpreter?