

# Company Questionnaire



OMB No.0625-0143

Expires: 07/31/2018

## 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 Activity(ies):      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):

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.*

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