

# Company Questionnaire



OMB No.0625-0143

Expires: 1/31/2024

## General Information

Date Completed

Business Objectives

Countries of Interest

## Contact Information

Company Name

Headquarters Address *(Include City, State, Zip)*

Website

Primary Contact Name

Title

Telephone

Email

Alternate Contact Name

Title

Telephone

Email

## Company & Product Information

### Company Activities

- |   |   |
|---|---|
| <input type="checkbox"/> Manufacturer               | <input type="checkbox"/> Service Company Franchiser |
| <input type="checkbox"/> Distributor/Representative | <input type="checkbox"/> Educational Institution    |
| <input type="checkbox"/> Export Management Company  | <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 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?

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?

- Distributor/Wholesaler Agent/Sales Representative Franchisee
- Joint Venture Partner/Licensee End
- Users/Buyers
- Additional In-Country Representation
- 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 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).

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 (e.g. 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 *(Include City, State, Zip)*

Website

**Primary Contact Name**

Title

Telephone

Email

Is your representative/partner aware you are seeking additional representation?  Yes  No

### Logistical Information *(if applicable)*

Desired Date for Service  Alternative Date

Desired Location(s)

Additional Services or Assistance Required

### Demographic Information (optional – for U.S. companies only)

Does your organization identify with any of the following groups *(please check all that apply)*.

- Woman-Owned (Organization is at least 51% owned, operated, and controlled by a minimum of one U.S. citizen whose gender is female)
- Veteran-Owned (Organization is at least 51% owned, operated, and controlled by a minimum of one U.S. citizen who has served or currently serving in the U.S. armed forces)
- Minority-Owned (Organization is at least 51% owned, operated, and controlled by a minimum of one U.S. citizen whose ethnic background is at least 25% Asian-Indian, Asian-Pacific, Black, Hispanic, or Native American)
- Disabled-Owned (Organization is at least 51% owned, operated, and controlled by a minimum of one U.S. citizen who is disabled as defined by the Americans with Disabilities Act)
- Rural business<sup>1</sup>
- Prefer not to answer

If Minority-owned, please select the category or categories with which you most closely identify. (Mark all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> American-Indian or Alaskan Native | <input type="checkbox"/> Hispanic, Latino, or Spanish-Origin       |
| <input type="checkbox"/> Asian                             | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Black or African-American         | <input type="checkbox"/> Prefer not to answer                      |

---

<sup>1</sup> Rural clients will be defined by the U.S. Department of Agriculture's Rural Development's and U.S. Census Bureau's rural-urban commuting area (RUCA) codes. The RUCA codes classify U.S. census tracts using measures of population density, urbanization, and daily commuting. The most recent RUCA codes are based on data from the 2010 decennial census and the 2006-10 American Community Survey. RUCA codes 4-10 were categorized as being rural for our purposes.

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: 01/31/2024

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.