



# US COMMERCIAL SERVICE COMPANY QUESTIONNAIRE



OMB Control No. 0625-0143  
Expiration Date: xx/xx/xxxx

Please indicate the service you are interested in:	
<input type="checkbox"/> Gold Key Service	<input type="checkbox"/> International Partner Search
Please indicate the country/countries of interest:	

## A. CONTACT INFORMATION

Company Name:	
Address:	
City:	Zip Code:
Company Web Site:	
Contact Person:	Title:
Contact Tel:	Contact Fax:
Contact E-mail:	
Alternate Contact:	Title:
Alternate Contact E-mail:	Alternate Contact Tel:

## B. Company Information

Company Activity: <i>(Please select all that apply)</i> <input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor/Representative <input type="checkbox"/> Export Management Company		<input type="checkbox"/> Service Company <input type="checkbox"/> Franchiser <input type="checkbox"/> Other <i>(please specify)</i> :
Number of Employees (est.):		
Annual Sales:		
<input type="checkbox"/> Less than \$5 Million <input type="checkbox"/> \$5-10 Million <input type="checkbox"/> More than \$10 Million		
Annual Exports (as % of Total Sales):		
<input type="checkbox"/> Less than 25% <input type="checkbox"/> More than 25%		
Brief Company Description:		
Are you currently working with a U.S. Export Assistance Center (USEAC)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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.

The U.S. Commercial Service **Customer Care Hotline** is available for you to call toll free Monday through Friday, 9:00 AM to 6:00 PM EST at **1-866-482-8111**, or e-mail to [CSHotline@mail.doc.gov](mailto:CSHotline@mail.doc.gov)

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



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If yes, please provide City and Trade Specialist name:

## C. Product/Service Information

Does your product contain at least 51% U.S. content?  Yes  No

Describe the product/service(s) you seek to promote including its competitive advantages and unique selling proposition. Include its applications and unique features that differentiate your product from that of the competition.

Who are your major competitors at home and abroad?

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

How is your product typically distributed and marketed in the United States (and in other countries if applicable)?

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 (optional):

Export Control Classification Code (optional):

## D. Business Objectives

What type of business contacts are you seeking?

- |   |  |
|---|--|
| <input type="checkbox"/> Distributor / Wholesaler     | <input type="checkbox"/> Joint Venture Partner or Licensee |
| <input type="checkbox"/> Agent / Sales Representative | <input type="checkbox"/> Other (please specify)            |
| <input type="checkbox"/> Franchisee                   |  |

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, such as English language ability, size, coverage, investment etc.

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

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

## F. LOCAL PARTNER INFORMATION (If Applicable)

Is your company currently represented in this country/region?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is this arrangement exclusive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If applicable, please provide the necessary contact information of your current representative/partner:		
Company Name:		
Address:		
Contact Person:	Title:	
Contact Tel:	Contact Fax:	
Contact E-mail:		
Is your representative/partner aware you are seeking additional representation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## F. LOGISTICAL INFORMATION (GOLD KEY SERVICE ONLY)

Desired Dates for Service:	Alternative Dates:
Desired Locations:	
Additional Services: <i>(please note any other assistance that would be required)</i>	

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