OMB Control No.: 0625-0237  
 Expiration Date: 04/30/2012

**International Business Service Provider (BSP) Registration**

[Text may vary]

Please complete this form to indicate your interest in participating in the Commercial Service’s Business Service Provider Program. A Trade Specialist will review your registration and contact you. Please note that the fee for each Business Service Provider Category is X [fee will vary depending upon market]

Fields marked with **\*** are required. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Top of Form**

**Contact & Company Information**

Company Name\*



First Name\*



Last Name\*



Salutation



Title



Company Address\*



City\*



Country\*

Dropdown list

Province



Postal Code



Phone



Fax



Email\*



Web Site



Select your industry



Number of employees\*

Select an Employee Range

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Business Service Providers**

*Please enter your company's point of contact information, if different from above, and company description in the following fields as you would like the information posted on our on-line Business Service Provider directory(s).*

Contact Name



Contact Title



Contact Phone



Contact Fax



Contact E-mail Address



Company Address



Short Business Service Provider Description\*

Please try to provide a short description less than 75 characters.



Complete Business Service Provider Description\*

Describe your company and the service you provide in 500 characters or less. This description may be edited for length and clarity. Please e-mail an electronic copy of your logo as a.jpg or .gif document (save as web file) with a width of exactly 200 pixels and height of up to 200 pixels to your Commercial Service contact.



Business Service Provider Categories\*

I agree to pay for each category I choose.

(Hold Ctrl-Key to select more than one)

[Note: Use existing dropdown box with category options]



**Trade References**

Trade References\*

Please provide at least two references of companies with whom you have conducted business (U.S. companies if possible).



\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you learn about this program?\*



\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submission of business or personal information is voluntary. Please be aware of our [Privacy Policy](http://buyusa.gov/home/privacy.html).



Bottom of Form

Public reporting for this collection of information is estimated to be 5 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 by law. Notwithstanding any other provision of law, no person is required to respond to, nor shall any 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 currently 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.