

## Gold Key Company Questionnaire

### 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:

Number of Employees:

Countries Exporting To  
(past and present):

Brief Company Description:

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):

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.*

## Product/Service Information

Are your goods/services of U.S. origin or contain at least 51% U.S. content?      Yes      No

Describe the product/service(s) to be promoted, including its competitive advantages and unique selling proposition.

Who are your major competitors at home and in the target market?

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 (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?