Company Profile

& Objectives



Participant Information

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| Company Name:  |
| Address: |
| Website: |
| Provide the name and title of the person responsible for all communications regarding this application, including future reporting requirementsName: Title:  |
| Telephone Number:  | Mobile Number:  |
| E-mail address: |

Company Information

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| Does your company operate a business located in Idaho or Oregon that processes, assembles, and/or distributes a product or provides an exportable service?  |
| Number of years in business   |  |
| Average number of employees worldwide employed over the business's last 12 calendar months  |
| Company's primary NAICS Code (North American Industrial Classification System). To look up your NAICS code go to: <http://www.naics.com/search> or <https://www.sba.gov/size-standards>  |
| Enter your DUNS Number. To look up your DUNS number go to: <http://fedgov.dnb.com/webform/pages/CCRSearch.jsp>  |
| Enter the amount of your annual receipts averaged over the business’s last three completed fiscal years. Include all sources of revenue, not only international revenue.  |
| Annual Exports (as % Total Sales)      Less than 25%      More than 25% |
| Does your company produce or have rights to export the product/service?  Yes  No |
| Approximate No. of Years Exporting:  |
| Countries Exporting To (past and present):  |
| Please list the Export Control Classification Number (ECCN), if applicable:  |
| Is your company an affiliate/subsidiary/parent of another company? If yes, describe the relationship, state the legal name and address.  |
| Does the company meet any of the U.S. Small Business Administration’s definitions of socially and economically disadvantaged – rural, woman owned, veteran/disabled veteran owned, socially and economically disadvantaged, located in an opportunity zone ([definitions](https://commerce.idaho.gov/content/uploads/2018/08/STEP-Bonus-Criteria-Definitions.pdf))? List all that apply:  |
| Brief Company Description: |

Product/Service Information

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| Does your product contain at least 51% U.S. Content?      Yes      No |
| Product Description:  |
| HS Tariff / Schedule B Code (optional): |
| Describe the product/service(s) you seek to promote, including its competitive advantages and unique selling proposition. Include any unique benefits 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 U.S. (or in other countries if applicable)?  |
| What type of licensing or registration does it require in the United States (i.e. FDA approval)? Which requirements do you carry? Are there any pending? |
| Has your product or service been certified to meet domestic or international standards? If so, please indicate.  |
| 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 domestic and international trade shows are the most relevant to your firm and do you actively attend/exhibit at them? |
| 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

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| Please rank the following countries in order of your preference for this opportunity, 1 through 8, 1 being most important market. Each market has limited availability and will be served on a first-come-first-served basis. If all spots are filled, we will move to your next most preferred market.**Austria****Finland****France****Italy****Norway****Sweden****U.K.** |
| What type of business contacts are you seeking?   Exclusive Distributor  Representative/agent  Direct Clients/sales |  Non-Exclusive Distributor  Joint-Venture Partner 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 preferences, market segments, technical qualifications, servicing capabilities, requirements, or pre-qualifications that ideal partners must have (e.g. English language ability, size, coverage, investment etc.) |
| Describe any operations, special knowledge, interests, or objectives your company has in the target market that can help us identify potential business partners. |

Company Experience in Europe

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| Is your company currently exporting to Europe? Have you been to Europe before? |  Yes  No Yes  No  |
| List contacts in the market that you have already met: 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | Would like to meet this contact again:      Yes      No     Yes      No     Yes      No     Yes      No     Yes      No     Yes      No     Yes      No     Yes      No     Yes      No     Yes      No |
| Are there other specific companies, or types of companies, you WOULD like us to contact in Europe? If yes, please list:   |
| Are there any specific companies, or types of companies, you would NOT like us to contact in Europe? If yes, please list:   |
| Is your company currently represented in Europe? If yes, is your representative aware that you are seeking additional representation?  |  Yes  No Yes  No  |

Signature:

Date Completed: