

# Partnership Search Form

## CONTACT INFORMATION

<b>Company Name:</b>			
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Company Web Site:</b>			
<b>Contact Person:</b>	<b>Title:</b>		
<b>Contact Tel:</b>	<b>Contact Fax:</b>		
<b>Contact E-mail:</b>			
<b>Alternate Contact:</b>	<b>Alt. Title:</b>		
<b>Alt. Contact E-mail:</b>	<b>Alt. Contact Tel:</b>		

## COMPANY INFORMATION

<b>Company Activity:</b> <i>(Please select all that apply)</i>	
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Service Company
<input type="checkbox"/> Distributor/Representative	<input type="checkbox"/> Franchiser
<input type="checkbox"/> Export Management Company	<input type="checkbox"/> Other <i>(please specify):</i> _____
<b>Industry Type:</b>	
<input type="checkbox"/> Energy-Efficient Building Materials	
<input type="checkbox"/> Pollution Control Equipment: Air/Water/Sewage	
<input type="checkbox"/> Renewable Energy Equipment: Biomass/Fuel Cell/Geothermal/Hydrogen/Solar/Tidal/Wind	
<b>Number of Employees (estimate):</b>	
<b>Year Established:</b>	
<b>EIN (Tax ID number) :</b>	
<b>Please indicate the range of your company's annual sales (in US\$):</b>	
<input type="checkbox"/> Under \$2 Million	<input type="checkbox"/> \$2-5 Million
<input type="checkbox"/> \$6-15 Million	<input type="checkbox"/> Over \$15 Million
<b>Annual Exports (as % of Total Sales):</b>	
<input type="checkbox"/> 0%	<input type="checkbox"/> 6-10%
<input type="checkbox"/> 1-5%	<input type="checkbox"/> 11-100%
<b>Brief Company Description:</b>	
<b>If your company is foreign owned, please indicate the parent company and country.</b>	
<b>Parent Company:</b>	<b>Country:</b>
<b>Are you currently working with a U.S. Export Assistance Center (USEAC) or Center for Int. Trade Dev. (CITD)?</b>	<input type="checkbox"/> Yes, USEAC <input type="checkbox"/> Yes, CITD <input type="checkbox"/> No, Neither
<b>If yes, please provide City and Trade Specialist name:</b>	

## EXPORT SERVICES

<b>Please check all services of interest:</b>	
<input type="checkbox"/> Competitive Audit & Consulting	<input type="checkbox"/> Market Promotion & Matchmaking
<input type="checkbox"/> Export Readiness Assessment	<input type="checkbox"/> Representative Office in Hong Kong
<input type="checkbox"/> Workshop Trainings	<input type="checkbox"/> Export Financing & Transaction Support
<input type="checkbox"/> China Entry Strategy & Action Plan	<input type="checkbox"/> Free subscription to DOC "green" newsletter
<b>Do you have an export marketing plan and allocated resources to enter a foreign market?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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## PRODUCT/SERVICE INFORMATION

Does your product contain at least 51% U.S. content? <input type="checkbox"/> Yes <input type="checkbox"/> 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 its 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. (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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HS Code (optional):	
Export Control Classification Code (optional):	

## 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.	
Are there any specific companies, or types of companies, you would like us to contact? If so, please name them.	

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## LOCAL PARTNER INFORMATION (IF APPLICABLE)

Is your company currently represented in China/Asia?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is this arrangement exclusive?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If applicable, please provide the necessary contact information of your current representative/partner:</b>			
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

## LOGISTICAL INFORMATION (IF YOU PLAN TO TRAVEL ABROAD OR WANT A USDOC "GOLD KEY")

Delegation Leader:		Mobile Number:	
Will your mobile phone work outside of the U.S.?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have purchasing/selling authority?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Other Delegation Members (please list): Title(s):</b>			
Desired Dates for Service:		Alternative Dates:	
<b>Desired Locations (include Airport(s) you will be arriving/departing):</b>			
<b>Hotel name and address (please let us know if you need reservation assistance):</b>			
Do you need transportation services?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need translation services?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you mail/bring product samples?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you need any equipment for product demonstrations? Please explain.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Explanation: _____	
<b>Additional Services (please note any other assistance that would be required):</b>			
<b>What are your goals for this mission?</b>			
<b>Special Requirements:</b>			
Do you have any special dietary needs?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any allergies of which we should be aware?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other:			
<b>Emergency Contact Information:</b>			
Name:		Relationship:	
Address:			
Daytime phone:		Evening phone:	