



U.S. Commercial Service Company Questionnaire

Date:

Please select the desired service: [Gold Key Service](#) (GKS) [International Partner Search](#) (IPS)

Has your firm used the GKS or IPS service before? Yes No

If so, when and where?

Please indicate the country/countries of interest:

A. CONTACT INFORMATION

Company Name:	
Address:	
City/State:	Zip Code:
Web Site:	
Contact:	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"/> Service Provider
<input type="checkbox"/> Distributor/Representative	<input type="checkbox"/> Franchiser
<input type="checkbox"/> Export Management Company	<input type="checkbox"/> Other <i>(please specify):</i>
Estimated Number of Employees:	
Annual Sales: <input type="checkbox"/> Less than \$5 Million	Annual Exports (as % of total sales):
<input type="checkbox"/> \$5-10 Million	<input type="checkbox"/> Less than 25%
<input type="checkbox"/> More than \$10 Million	<input type="checkbox"/> More than 25%
Brief Company Description:	
Are you currently working with a U.S. Commercial Service office? Yes No	
If yes, please identify the City and Trade Specialist:	

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 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 United States (i.e. FDA approval)?		
Has your product or service been certified to meet domestic or international standards? If so, please indicate.		

Are there any specific companies, or types of companies, you **would NOT** like us to contact? If so, please name them and briefly describe why

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E. 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:		
Address:		
Contact Person:	Title:	
Contact Tel:	Contact E-mail:	
Is your representative/partner aware you are seeking additional representation?	Yes	No

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

Desired Dates for Service:	Alternative Dates:
Desired Locations:	
What type of logistical support will you require? (select all that apply)	
<input type="checkbox"/> Hotel <input type="checkbox"/> Ground transportation <input type="checkbox"/> Interpreter <input type="checkbox"/> Other (specify):	
Other assistance needed:	

G. INTERNAL NOTES