



Agent / Distributor Search Form

MARKETING INFORMATION

List your company's current U.S. marketing channels:
Do you hold a US or international patent and/or intellectual property rights on your products/services?
<input type="checkbox"/> No <input type="checkbox"/> Yes, U.S. only <input type="checkbox"/> Yes, both U.S and International
Do you have an export marketing plan and allocated resources to enter a foreign market?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your product's competitive advantage or market niche.
List the country(ies) that your company has targeted for developing new exports:
List any complimentary or companion product/service lines that might help accurately refine our search for contacts:
List your main U.S. and/or international competitors:
Who are typically the end users or your products/services?
Is there a sensitivity issue of which the state of Missouri should be aware? For example, if your current foreign distributor(s) learn, directly or indirectly, of your firm's search(es) in your specified markets, will this cause a potential problem for your firm?

List your products NAICS / Schedule B codes and any certifications/applicable standards (such as ISO):

Please provide any additional information/comments that you would like to share.

TRADE SERVICES

Please indicate the trade services that you are interested in:

<input type="checkbox"/>	Global Market Research	<input type="checkbox"/>	Agent/Distributor Search	<input type="checkbox"/>	Customized Trade Mission
<input type="checkbox"/>	Export Finance Program	<input type="checkbox"/>	Company Background Check	<input type="checkbox"/>	BD&T Trade Events

PARTNER INFORMATION

Does your company already have representation abroad? If so, please list each representative and type of business relationship.

What type of a business relationship(s) is your company seeking?

<input type="checkbox"/>	Agent	<input type="checkbox"/>	General Importer	<input type="checkbox"/>	Direct Sales to End User
<input type="checkbox"/>	JV/Strategic Alliance	<input type="checkbox"/>	Technical Exchange	<input type="checkbox"/>	Other (Please Specify Below)
<input type="checkbox"/>	Distributor	<input type="checkbox"/>	Manufacturer's Representative		

Is your company willing to grant territorial exclusivity to an agent or distributor?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Maybe
--------------------------	-----	--------------------------	----	--------------------------	-------

Please outline the criteria or skills your ideal business partner should possess.

Company Name:

Date:

Thank you for completing this form and helping us to better assist your business.