

**Intake Protocol Form**

**Company Name:** \_\_\_\_\_  
**Your Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Headquarters Location:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_  
**URL:** \_\_\_\_\_

**Type of Business:**     Manufacturer     Service  
                                   Wholesaler     Distributor     Retailer  
                                   Other \_\_\_\_\_

**Legal Structure:**     Corporation     Sole Proprietor  
                                   Partnership     Limited Liability     Corporation

Date business was established: \_\_\_\_\_  
 Number of Employees: \_\_\_\_\_  
 Number of Facilities: \_\_\_\_\_  
 Average Annual Sales: US \$ \_\_\_\_\_  
 Percent International Sales: \_\_\_\_\_

**Product and Service Information** *Please write a few words about each topic.*

Type of Product: \_\_\_\_\_  
 Focus Industry / Industries \_\_\_\_\_  
 Sales Methods: \_\_\_\_\_  
 Distribution Methods: \_\_\_\_\_  
 Typical End-user: \_\_\_\_\_  
 Overseas Entities / Subsidiaries: \_\_\_\_\_

Check here if you need more room and have attached additional information.

**Classification Codes**

Product : _____	SIC _____	NIACS _____	HS _____
Product : _____	SIC _____	NIACS _____	HS _____
Product : _____	SIC _____	NIACS _____	HS _____
Product : _____	SIC _____	NIACS _____	HS _____
Product : _____	SIC _____	NIACS _____	HS _____

**Market information**

Who are the end users of your products ? \_\_\_\_\_  
 \_\_\_\_\_  
 Who are your major customers ? \_\_\_\_\_  
 \_\_\_\_\_  
 Who are your major competitors ? \_\_\_\_\_  
 \_\_\_\_\_

How are your products marketed and distributed in the US?  Direct to end user or retailer  Representative or Agent

Wholesaler or distributor  Other : \_\_\_\_\_

How are your products marketed and distributed internationally?  Direct to end user or retailer  Representative or Agent

Wholesaler or distributor  Other : \_\_\_\_\_  Not Apply

**Promotional materials in other languages?**  Yes  No , What languages : \_\_\_\_\_

**What country or countries are you currently exporting to?** \_\_\_\_\_  
 \_\_\_\_\_

**What country or countries are you seeking to export to?** \_\_\_\_\_  
 \_\_\_\_\_

**What country or countries are you currently importing from?** \_\_\_\_\_  
 \_\_\_\_\_

**What country or countries are you seeking to import from?** \_\_\_\_\_  
 \_\_\_\_\_

**What are your goals?**

- |                                                        |                                                     |                                                         |
|--------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Agent / Distributor Search    | <input type="checkbox"/> Trade Show Information     | <input type="checkbox"/> One-on-one Consultation        |
| <input type="checkbox"/> Meeting Foreign Buyers        | <input type="checkbox"/> Joint Venture Partners     | <input type="checkbox"/> Foreign Industry Information   |
| <input type="checkbox"/> Executive Training Programs   | <input type="checkbox"/> Foreign Market Information | <input type="checkbox"/> Internal Procedure Development |
| <input type="checkbox"/> Temporary In-house Assistance | <input type="checkbox"/> Trade Leads                | <input type="checkbox"/> Other _____                    |

**Is your company currently working with any of the following export service providers?**  US Department of Commerce

- Ohio export Assistance Network     International Trade Assistance Centers     Others