



Contact Information

Download the application before filling out to ensure all changes will be saved.

Company Name

Address

Address Line 2

City

State

Zip Code

Website

Primary Contact Name

Title

Direct Phone

E-Mail

Secondary Contact Name

Title

Direct Phone

E-Mail

Company Information

Company Activity: (please select all that apply)

Manufacturer

Service Company

Distributor/Representative

Franchiser

Export Management Company

Other (please specify):

Estimated Number of Employees:

Annual Sales:

Less than \$5 Million

\$5-10 Million

More than \$10 Million

Annual Exports (as % of Total Sales):

Less than 25%

More than 25%



Brief Company Description:

Are you currently working with a U.S. Export Assistance Center (USEAC)? Yes No
If yes, please provide City and Trade Specialist name:

Product/Service Information

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 that of the competition.

HS CODE:

Please name the companies that manufacture complementary products (same industry).



How is your product typically distributed and marketed in the United States (and 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? Yes No

Export Control Classification Code / USML Category :

Business Objectives

What type of business contacts are you seeking?

Distributor / Wholesaler

Joint Venture Partner or Licensee

Agent / Sales Representative

Retailer

Franchisee

Other (please specify)

Is your firm seeking representation on an exclusive basis in this market? Yes 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.

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

Website

Primary Contact Name

Title

Direct Phone

E-Mail

Is your representative/partner aware you are seeking additional representation?	Yes	No
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Logistics

Please indicate the trade activity in which you are interested in applying for funds.

List all that apply.

Cost of Trade Mission: \$500. Please make checks payable to the State of Delaware.

Payment is due after your application is approved by Global Delaware staff.

Please send your payment to:

Global Delaware
Delaware Department of State
820 N. French St., 4th Floor
Wilmington, DE 19802

By registering for this trade mission, you agree to provide sales results and number of distributor/customer contacts to Global Delaware. Global Delaware will keep your results confidential, but must report success of all government sponsored trade programs in accordance with State and Federal regulations.

Name

Date

Submit your completed application to Global Delaware staff at global@delaware.gov.
Please include the trade mission in which you hope to participate in the subject line.

