|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| I.- COMPANY DATA | | | | | | | |
| Company’s name (\*) |  | | | | | | |
| Acronym |  | | | Tax identification number (\*) | | |  |
| Address (\*) |  | | | | | | |
| Ciudad (\*) |  | State (\*) |  | | Country (\*) |  | |
| Phone number (\*) |  | | | | Cell phone number (\*) |  | |
| E-mail (\*) |  | | | | | | |
| Website (\*) |  | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| II.- REPRESENTATIVE(S) TRAVELING IN THE TRADE MISSION | | | | | | | | |
| Name 1(\*) |  | | | | Passport number or ID | | |  |
| Job title 1 (\*) |  | E-mail 1 (\*) | | | |  | | |
| Name 2 (\*) |  | | | Passport number or ID | | |  | |
| Job title 2 (\*) |  | | E-mail 2 (\*) | | |  | | |

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| --- | --- | --- | --- |
| III.- COMPANY PROFILE | | | |
| 1. Date of establishment (\*) |  | 1. Number of workers (\*) |  |
| 1. Imports (%purchases) (2015-2016) |  | | |
| 1. Countries from which you import, write down by country and the % imported from each one (\*) |  | | |
| OTHERS (\*): | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| IV.- COMPANY DESCRIPTIO”N (\*) | | | | | |
| 1. Type of activity (mark with an “X” the activities you develop ) | | | | | |
|  | Fabrication |  | Distributor |  | Importer |
|  | Representation |  | Franchise |  | Retailer |
|  | Investor |  | Wholesaler |  | Supermarket |
|  |  |  | Store by department |  |  |
|  | Other (describe) |  | | | |
| 1. Description of the company’s activity (\*) Please indicate the tariff item on each product. | | | | | |
|  | | | | | |
| 1. Products or/and services you want to acquire (\*) Indicating the products is very important | | | | | |
|  | | | | | |
| \* WRITE A SMALL REVIEW OF THE COMPANY (IT’S VERY IMPORTANT) | | | | | |

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| IV.- INDICATE THE REQUIRED PROFILE BY THE COUNTERPART OR POTENTIAL CLIENT (\*) |
|  |

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| **Indicate other relevant aspects that you consider should be taken into account when organizing your business meetings.** |
|  |

|  |  |
| --- | --- |
| Name of the person that filled this form (\*) |  |

**Note: It’s really important to complete the form in a detailed way, so we can proceed with the inscriptions.**

**If it’s a processed product please write details of it.**