

Minnesota Trade Office – Shanghai

Special Request Form

for

Agent/Distributor/Business Partner Searches or Business Matchmaking

Instructions:

- This form is intended only for companies seeking assistance with **agent/distributor/business partner searches** or **one-on-one business matchmaking** from the Minnesota Trade Office (MTO) in Shanghai, China. If you require other assistance related to China, please contact Li King Feng at the Minnesota Trade Office and he will determine the best way to meet your request. Li King's phone is 651-259-7484 and e-mail li.king.feng@state.mn.us.
- Complete this form as thoroughly as possible. Providing as much detail as possible will aid the office in appropriately responding to your needs.
- Attach at least 10 copies of your company brochure describing the product/services. You may experience better success of a good match if your company literature also is in Chinese.
- Mail the completed form and company brochures directly to the MTO – Shanghai office (address below). You should use FedEx, UPS, or a similar service.

Paul Swenson
Director, Council of Great Lakes Governors
Shared China Trade Office
Suite 1003, Holiday Inn Office Tower
899 Dongfang Road, Pudong New Area
Shanghai 200122, CHINA
Tel: (86 21) 6867-1005
Fax: (86 21) 6867-6006
Email: paul.swenson@thechinahand.com

MINNESOTA TRADE OFFICE – SHANGHAI
Special Request Form for Business Searches or Business Matchmaking

Please complete as much of this form as appropriate to your request.

Updated Sep 29, 2006

TYPE OF SERVICE REQUESTED (Check all that apply)

- Agent/Distributor/Business Partner Search** (Fee: \$100)
- One-on-One Business Matchmaking** (Fee: \$500 plus additional costs for interpreters, meeting room, etc.)
- Other (Explain)** _____

CONTACT INFORMATION

Company Name: _____

Address: _____

City _____ **State** _____ **Zip** _____

Company Web Site: _____

Contact Person Name: _____

Contact Person Title: _____

Contact Phone: _____ **Fax:** _____

Contact E-mail: _____

INFORMATION ABOUT YOUR COMPANY

Type of Business: (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Chain or Department Store |
| <input type="checkbox"/> Distributor | <input type="checkbox"/> Franchiser |
| <input type="checkbox"/> Service Company | <input type="checkbox"/> Exporter |
| <input type="checkbox"/> Export Management Company | <input type="checkbox"/> Importer |
| <input type="checkbox"/> Wholesaler | <input type="checkbox"/> Other (Specify) |
| <input type="checkbox"/> Retailer | |

Year Established: _____ **Annual Sales (US\$):** _____

INFORMATION ABOUT YOUR PRODUCT OR SERVICE

Export Control Classification Number (ECCN): _____

HS Code(s): _____

Describe the product/service(s), including its competitive advantages and unique selling proposition. Include its applications and unique features that differentiate your product/service from that of your competition.

Who are your major competitors at home and abroad?

List the most important end-users or end-user industries for your product/service.

How is your product typically distributed and marketed in the U.S. (and in other countries if applicable)?

What type of licensing or registration does your product require in the U.S.?

What related products might an agent/distributor of this product also handle?

BUSINESS OBJECTIVES

What type of business contacts are you seeking? (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Distributor/Wholesaler | <input type="checkbox"/> Joint Venture Partner or Licensee |
| <input type="checkbox"/> Agent/Sales Representative | <input type="checkbox"/> Direct Sales |
| <input type="checkbox"/> Franchisee | <input type="checkbox"/> Other (Specify) |

Is your firm seeking representation on an exclusive basis in this market? (YES or NO) _____

Describe any preferences, requirements, or pre-qualifications that the ideal prospect must have, such as English language ability, size, revenue, coverage, client base, investment, etc.

Describe any special features of your company's operations, interests, or objectives in China or Hong Kong 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.

Are there any specific companies, or types of companies, you would NOT like us to contact? If so, please name them.

Is your company currently represented in China, Hong Kong or the region? (YES or NO) _____

If you answered YES above, where are your representative(s) located?

If YES, is your current representative aware you are seeking additional representation? (YES or NO) _____

MATCHMAKING SERVICE INFORMATION

Only complete this section if you are requesting one-on-one business matchmaking.

Will you require an interpreter for the meetings? (YES or NO)

Do you want someone from our staff to attend the meetings with you? (YES or NO)

Do you need assistance with arranging a meeting room or other facility arrangements? (YES or NO)

If YES, please describe your requirements below.

List the name and title of the person(s) from your company who will attend the matchmaking meetings?

Name

Title

Name

Title

Name

Title

ADDITIONAL INFORMATION

Please provide any additional information that may help our staff better understand your request and requirements.