

Healthcare and Health Tech



TRADE LEAD REQUESTS

Thank you for your interest in sourcing products and services in the U.S.A. To match your request with potential suppliers, please provide the information requested below and return it to the U.S. Commercial Service.

COMPANY NAME		
ADDRESS (street / city / State or Province / Postal code)		
COUNTRY		
WEBSITE		
CONTACT NAME & TITLE		
EMAIL		
TELEPHONE		Cell:
COMPANY ACTIVITY	<input type="checkbox"/> Distributor/Representative <input type="checkbox"/> Government <input type="checkbox"/> Export Management/Trading Company <input type="checkbox"/> Manufacturer <input type="checkbox"/> Service Provider <input type="checkbox"/> Others (please specify)	
EMPLOYEES	<input type="checkbox"/> <5 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-50 <input type="checkbox"/> 50-100 <input type="checkbox"/> 100-499 <input type="checkbox"/> 500-999 <input type="checkbox"/> >1000	
BRIEF DESCRIPTION OF YOUR COMPANY (including when founded)		
U.S. COMPANIES YOUR BUSINESS REPRESENTS (if applicable)		
DESCRIPTION OF GOODS, SERVICES OR TARGET COMPANY (specifications, quantities, recurring shipments, registration, license etc.) Attach addition info if needed		
INDUSTRY SECTOR		
PAYMENT AND SHIPPING TERMS		
WHAT TYPE OF BUSINESS ARRANGEMENT?	<input type="checkbox"/> Distributor/Wholesaler <input type="checkbox"/> Agent/Sales Representative <input type="checkbox"/> Joint Venture Partner <input type="checkbox"/> Licensee <input type="checkbox"/> Franchisee <input type="checkbox"/> Other (please specify)	
DEADLINE		
ADDITIONAL INFORMATION		