

# 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.*

<b>COMPANY NAME</b>		
<b>ADDRESS</b> (street / city / State or Province / Postal code)		
<b>COUNTRY</b>		
<b>WEBSITE</b>		
<b>CONTACT NAME &amp; TITLE</b>		
<b>EMAIL</b>		
<b>TELEPHONE</b>		Cell:
<b>COMPANY ACTIVITY</b>	<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)	
<b>EMPLOYEES</b>	<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	
<b>BRIEF DESCRIPTION OF YOUR COMPANY</b> (including when founded)		
<b>U.S. COMPANIES YOUR BUSINESS REPRESENTS</b> (if applicable)		
<b>DESCRIPTION OF GOODS, SERVICES OR TARGET COMPANY</b> (specifications, quantities, recurring shipments, registration, license etc.) Attach addition info if needed		
<b>INDUSTRY SECTOR</b>		
<b>PAYMENT AND SHIPPING TERMS</b>		
<b>WHAT TYPE OF BUSINESS ARRANGEMENT?</b>	<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)	
<b>DEADLINE</b>		
<b>ADDITIONAL INFORMATION</b>		