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# Application for Export Consultative Services

## Applicant Information

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| Organization Name: |  |
| Organization Website: |  |
| Primary Contact Name: |  |
| Primary Contact Phone: |  | Primary Contact Email: |  |
| Organization Address: |  |  |
|  | Street Address | Apartment/Unit # |

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| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

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| --- | --- | --- | --- | --- | --- |
| Current Number of Employees: |  | Approximate Annual Production Volume: |  | Approximate Percent of Products Exported Annually: |  |

|  |  |
| --- | --- |
| Briefly Describe Product Line: |  |

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| --- | --- |
| Briefly Describe Organization’s Export Activity to Date: |  |
| Briefly Describe Organization’s Export Goals: |  |
| Desired Start Month/Year for Consultative Services: |  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in my release from this program.

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |