



Florida Foreign Trade Association
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 Miami Free Zone - Miami, Florida 33172
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Date: _____/_____/2010
 (month) (day)

COMPANY INFORMATION

COMPANY NAME: _____

REPRESENTATIVE NAME & TITLE: _____

ADDITIONAL REPRESENTATIVE(S): _____

ADDRESS: _____

CITY: _____

TELEPHONE(S): _____

FAX: _____

E-MAIL: _____

WEB: _____

TYPE OF COMPANY

IMPORT: _____ **EXPORT:** _____

BROKER: _____ **OTHER:** _____ **MANUFACTURER:** _____

WHOLESALER/DISTRIBUTOR: _____

SPECIFY: _____

Purchase from:

Manufacturers: ____ **Wholesalers:** ____ **Representatives:** ____ **Others:** _____

Sell to:

Companies: ____ **Wholesalers:** ____ **Distributors:** ____ **Retail:** _____

COMPANY PROFILE

<p>Date of Incorporation: _____</p>	<p>Annual Sales: <input type="checkbox"/> Less than \$1 million <input type="checkbox"/> \$1 - \$5 million <input type="checkbox"/> Over \$50 million</p>
<p>Size of Company: <input type="checkbox"/> Less than 100 employees <input type="checkbox"/> 100 - 1,000 employees <input type="checkbox"/> Over 1,000 employees</p>	<p>Market Status: <input type="checkbox"/> New-to-Market <input type="checkbox"/> Old-to-Market <input type="checkbox"/> New-to-Export <input type="checkbox"/> Old-to-Export</p>

Do you represent foreign companies:

Product: Brand Country of Origin:

Product: Brand: Country of Origin:

OBJECTIVE TO PARTICIPATE IN THIS MISSION

Brief Description of your Company:

What products/services for export/import are you interested in: **ATTACH ADDITIONAL SHEETS OF PAPER IF NECESSARY**

LOOKING FOR:

Manufacturers:		Wholesalers/ Distributors:		Agents/Brokers:		Representation:	
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Medium Size Distributors:		Joint-Ventures:					
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Others (Specify):

Signature

Name