

AGENT/SALES REPRESENTATIVE, JOINT VENTURE PARTNER,
DISTRIBUTOR/WHOLESALE SEARCH

Trinidad and Tobago

Company Questionnaire

ORGANIZATION AND CONTACT INFORMATION:

Company Name:

Address:

Tel.:

Fax:

Email:

Website:

Primary Contact:

Position:

ORGANIZATION SIZE AND SALES:

Year Established:

No. of Employees:

Business Size:

Annual Sales (optional):

BUSINESS INTERESTS:

Level of Interest: High Medium Low

MAIN BUSINESS ACTIVITY/PRODUCTS:

Signature:

Date: