

SOUTH CAROLINA AUTOMOTIVE & ADVANCED MANUFACTURING TRADE MISSION TO MEXICO

**MISSION DATES: AUGUST 10-14, 2020
DEADLINE TO REGISTER: MAY 1, 2020**

The South Carolina Department of Commerce is leading an automotive and advanced manufacturing trade mission to Mexico. Companies that are approved to attend will have one-on-one meetings with prospective distributors, agents, and partners, set up by the U.S. Commercial Service. The trade mission is open to all South Carolina companies.

Participation Fee: \$3,000*

*Does not include airfare, lodging, or meals. Delegates will be responsible for arranging, confirming and payment of their own international flights. The South Carolina Department of Commerce will make hotel room block reservations and will provide ground transportation for meetings in between cities.

Financial incentives are available for qualified SMEs through the South Carolina Export Incentives Program. Limited to two representatives per company.

To join the mission, contact:

Anita Patel | 803-737-0247 or apatel@SCcommerce.com

Norris Thigpen | 803-737-0598 or nthigpen@sccommerce.com

Shannon Christenbury | 864-561-6326 or shannon.christenbury@trade.gov



South Carolina
Just right for business.

Company Questionnaire



OMB No.0625-0143

Expires: 07/31/2018

General Information

Date Completed:

Business Objective(s):

Country(ies) of Interest:

Contact Information

Company Name:

Headquarters Address
(including city, state, zip):

Website:

Primary Contact

Name: Title:
Telephone: Email:

Alternate Contact

Name: Title:
Telephone: Email:

Company Information

Company Activity(ies):	Manufacturer	Service Company
	Distributor/Representative	Franchiser
	Export Management Company	Educational Institution
	Other (please specify):	

Primary NAICs code:

Average Annual Receipts:

Number of Employees:

Countries Exporting To
(past and present):

Brief Company Description:

Are you currently working with a local U.S. Commercial Service Field Office? Yes No

If yes, please provide the following:

City: Trade Specialist (name):

Please certify your company size: Small Medium Large

If you are unsure how to calculate your company size per SBA guidelines, please ask your local Trade Specialist.

Product/Service Information

Are your goods/services of U.S. origin or contain at least 51% U.S. content? Yes No

Describe the product/service(s) to be promoted, including its competitive advantages and unique selling proposition.

Who are your major competitors at home and in the target market?

List the most important end-users or end-user industries for this product/service.

How is your product typically distributed and marketed in the United States (and in other countries if applicable)?

What type of licensing or registration does it require in the U.S.? (i.e. FDA approval)

What related products might a representative/partner of this product/service also handle?

Does your company produce or have rights to export the product/service? Yes No

HS Code (and corresponding product description):

Export Control Classification Code:

Business Objectives *(if applicable)*

What type of business contacts are you seeking?	Distributor/Wholesaler	Joint Venture Partner/Licensee
	Agent/Sales Representative	End Users/Buyers
	Franchisee	Additional In-Country Representation
	Other (please specify):	

Is your firm seeking representation on an exclusive basis in this market? Yes No

Describe any preferences, technical qualifications, servicing capabilities, requirements, or pre-qualifications that ideal prospects must have (i.e. size, geographic territory, investment, etc.).

Describe your company's interests and objectives in the target market that can help us identify potential business partners.

Are there any specific companies, or types of companies, you would like us to contact? If so, please list them here.

Local Partner Information *(if applicable)*

Is your company currently represented in this country/region? Yes No

If yes, is this arrangement exclusive? Yes No

If applicable, please provide the necessary contact information of your current representative/partner:

Company Name:

Headquarters Address
(including city, state, zip):

Website:

Contact Name:

Contact Title:

Contact Telephone:

Contact Email:

Is your representative/partner aware you are seeking additional representation?

Yes No

Logistical Information *(if applicable)*

Desired Dates for Service:

Alternative Dates:

Desired Location(s):

Additional Services or Assistance Required:

Public reporting for this collection of information is estimated to be 10 minutes per response, including the time for reviewing instructions, and completing and reviewing the collection of information. All responses to this collection of information are voluntary, and will be provided confidentially to the extent allowed under the Freedom of Information Act. Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Clearance Officer, International Trade Administration, Department of Commerce, Room 4001, 14th and Constitution Avenue, N.W., Washington, D.C. 20230. OMB No.: 0625-0143, Expires: 07/31/2018

Your satisfaction is our top priority. Please inform us of any questions or concerns and we will work quickly and effectively to meet your needs.

We will protect business confidential information to the extent provided under Federal law.