



U.S. Commercial Service
 American Consulate – FCS
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GOLD KEY MATCHING SERVICE (GKS) QUESTIONNAIRE

To help us provide you with the best possible results, please complete this questionnaire in detail. The information you provide will be used internally only and will not be shared with third parties.

A. Contact Information:

Company Name:		
Address:		
City:	State:	Zip Code:
Company Web Site:		
Contact Person:		Title:
Contact Tel:		Contact Fax:
Contact E-mail:		
Alternate Contact:		Title:
Alternate Contact E-mail:		Alternate Contact Tel:

B. Company Information:

Company Activity: (select all that apply)	
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Exclusive distributor <input type="checkbox"/> Export Management Company	<input type="checkbox"/> Service Company <input type="checkbox"/> Franchisor <input type="checkbox"/> Other (please specify): _____
Has your firm ever used the Gold Key Matching Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When? _____	Where? _____
Are you currently working with a U.S. Export Assistance Center (USEAC)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide USEAC City and Trade Specialist name: _____	

C. Product/Service Information:

Export Control Classification Number (ECCN): _____	
HS Code: _____	Does your product contain at least 51% U.S. content? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the product/service(s) you seek to promote, including its competitive advantages and unique selling proposition. Include its applications and unique features that differentiate your product from that of the competition.	

Who are your major competitors at home and abroad?
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.?
What related products might an agent/distributor of this product also handle?

D. Current Business in Italy:

Is any part of your company currently represented in Italy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the following regarding your representation:		
Company Name:		
Address:		
Phone:	Fax:	E-Mail:
Is this an exclusive representation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your distributor aware you are seeking additional representation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your company have any other presence in Italy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		
What is your current level of business in Italy?		

E. Business Objectives:

What type of business contacts are you seeking?	
<input type="checkbox"/> Distributor / Wholesaler	<input type="checkbox"/> Joint Venture Partner or Licensee
<input type="checkbox"/> Agent / Sales Representative	<input type="checkbox"/> Direct sales
<input type="checkbox"/> Franchisee	<input type="checkbox"/> Other: _____
Is your firm seeking representation on an exclusive basis in this market? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe any preferences, requirements, or pre-qualifications that the ideal prospect must have, such as English language ability, size, revenue, coverage, client base, investment etc.	

Are there any specific companies, or types of companies, you would like us to contact? If so, please name them.
Are there any specific companies, or types of companies, you would NOT like us to contact? If so, please name them.
Would you like to have a description of your company contact information and business objective in Italy featured on our webpage at www.buyusa.it for a limited period of time at no additional cost? <input type="checkbox"/> Yes <input type="checkbox"/> No Comment:

E. Gold Key Matching Service Information:

Desired Gold Key Dates:	Alternative Dates:
Desired Locations:	
What type of logistical support will you require? (Select all that apply) <input type="checkbox"/> Hotel <input type="checkbox"/> Ground transportation <input type="checkbox"/> Interpreter <input type="checkbox"/> Other (specify): _____	

To complete your application for a Gold Key Matching Service, please submit the following materials no later than 6 weeks before the desired GKS dates:

- Completed Gold Key Matching Service Questionnaire
- Order Form with Credit Card Information
- Company Introduction Letter on your Company Letterhead
- A Minimum of 15 Sets of your Company Brochure

✧ Please use, as appropriate, fax, e-mail, and U.S. Postal Service Express Mail* or international courier service** (please mark the U.S. Customs form with “no commercial value”).

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