COMPANY PROFILE

Da compilare **DIGITALMENTE**, firmare e mandare via e-mail a [fiere@italiantexstyle.it](mailto:fiere@italiantexstyle.it)

ATTENZIONE: il presente questionario è di estrema importanza, poiché ci consente di operare un’accurata selezione del target di clienti da incontrare. Si prega di compilarlo dettagliatamente e di inserire tutte le informazioni necessarie. È possibile anche allegare materiale, informazioni, brochure, ecc.

Il questionario è in inglese perché i nostri corrispondenti nei Paesi del Golfo non parlano italiano. Se preferite compilarlo in italiano, ci occuperemo noi della traduzione.

1. **COMPANY DETAILS**

|  |  |
| --- | --- |
| Company name: |  |
| Web site: |  |
| Founded in: |  |
| N. employees: |  |
| Annual turnover: | Total: € |
| Domestic: € |
| Export: € |

1. **COMPANY AND PRODUCTION DESCRIPTION**

|  |
| --- |
| Description of the company |
|  |

|  |
| --- |
| Description of products and services  Please, specify the percentage of each product/service in relation to the total production |
|  |

|  |
| --- |
| Product details (e.g.: Minimum order, delivery time, delivery condition, etc ….) |
|  |

1. **MARKET POSITIONING**

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| --- |
| Price range. Please, specify the price range per type of production |
| Low range. Price range: ……………………  Medium/Low range. Price range: ……………………  Medium range. Price range: ……………………  Medium-High range. Price range: ……………………  High Range. Price range: ……………………  Luxury range. Price range: …………………… |

1. **MOST RELEVANT FACTORS OF COMPETITIVENESS**

|  |
| --- |
| Factors of competitiveness. Please, specify the factors of competitiveness of your products |
| Design  Quality  Technology  Price / quality ratio  Wide range of products  Customization  Other (Please, specify): ……………………… |

1. **PRESENCE IN OTHER FOREIGN COUNTRIES**

|  |  |
| --- | --- |
| Does your company export to other foreign countries? | No  Yes |

|  |  |  |
| --- | --- | --- |
| Please specify countries, exported products and any other relevant details | | |
| Foreign country | Exported products | Presence on the market (direct presence, agents, representatives, distributors, franchise, joint venture, others ) |
|  |  |  |
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| --- |
| Type of foreing clients (if your company already exports): |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has your company participated to national/international exhibition in the last 5 years? | | | | No  Yes |
| Please, specify the exhibition your company took part in | | | | |
| Exhibition name | City | Year | With your single booth / your agent-distributor-representative’s booth | |
|  |  |  |  | |
|  |  |  |  | |
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|  |  |  |
| --- | --- | --- |
| Competitors worldwide | | |
| Company name | Country | Web site |
|  |  |  |
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1. **MARKET INFORMATION**

|  |  |
| --- | --- |
| Has your company already done business in the United Arab Emirates (UAE)? | No  Yes |
| Has your company already done business in Qatar? |  |
| Has your company already done business in Kuwait? |  |
| Has your company already done business in Saudi Arabia? |  |
| Please, specify (participating to exhibitions, commercial missions, symposiums, direct sell, etc.) | |
| … | |

|  |  |
| --- | --- |
| Does your company already have clients in the following countries? | UAE  Qatar  Kuwait  Saudi Arabia |
| Please, specify. If your company already has clients in the UAE/Qatar/Kuwait/Saudi Arabia please write if you want to meet them and provide more details: | |
| … | |

|  |
| --- |
| Please specify the target client you would like to meet during the commercial mission |
| Distributors  Importers  Agents  Final clients  Contractors  Showroom  Interior designers  Architectural firms  Others. Please, specify: …………. |

|  |
| --- |
| Other useful information that can help to identify the target client/the foreign counterparts: |
|  |

|  |
| --- |
| Counterparts you would NOT like to meet: |
|  |

|  |
| --- |
| Participant to the mission? – spoken languages: |
|  |

|  |
| --- |
| Please attach any relevant material: company presentation , pictures, brochure, catalogues, other |

Date: \_\_\_/\_\_\_/\_\_\_\_\_\_\_\_\_

Name of the person who filled the form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_