



PROMOS



Camera di Commercio
Pavia

COMPANY PROFILE

Entrepreneurial mission to Shanghai - China
2-5 July 2012

COMPANY (COMPANY NAME)			
ADDRESS			
ZIP CODE		CITY	
PHONE NUMBER	FAX	E-MAIL	HOME-PAGE

1. MARKET SEGMENT:

- | | |
|---|---|
| ☐ TEXTILE/CLOTHES | ☐ AGROINDUSTRY |
| ☐ WOOD/PAPER INDUSTRY | ☐ INDUSTRIAL MACHINERY |
| ☐ AGROFOOD INDUSTRY | ☐ INFORMATION TECHNOLOGY |
| ☐ ELECTRONICAL | ☐ METALMECHANICAL INDUSTRY |
| ☐ PHARMACEUTICS AND CHEMISTRY INDUSTRY | |
| ☐ OTHER (pls. specify)..... | |

2. AREA OF ACTIVITY:

3. DESCRIPTION OF PRODUCT/SERVICE AND ITS APPLICATIONS THAT YOU ARE INTERESTED TO SELL OR BUY LOCALLY. (Specify if you are interested to sell or buy)

CHINA:

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E-mail: stefania.mannato@mi.camcom.it • www.promos-milano.com

CCIAA PAVIA – Lombardiapoint – via Mentana 27 • 27100 Pavia • Tel. 0382 393215-275-411 •
Fax 0382 393268 • E-mail: lombardiapoint.pavia@pv.camcom.it • www.pv.camcom.gov.it



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4. DETAILED DESCRIPTION OF PRODUCT / SERVICE:

TARGET USER INDUSTRY / END CUSTOMER

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5. COMPANY DATA (optional):

ESTABLISHED:	TOTAL EMPLOYEES:
ANNUAL TURNOVER (million €):	

6. SHORT COMPANY PROFILE (you can add a description of the strengths/advantages of your company and products):

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7. TRADING PROFILE

main competitiveness factors are:

- | | |
|--|---|
| ☐ Design | ☐ Price/Quality |
| ☐ Quality | ☐ Image |
| ☐ Technological level | ☐ Products range |
| | ☐ Others (pls. specify): |

Main products and main export country

Main competitors

Main customers (list the most important of your actual customers or possible customers that could be an example of which types of company you are interested to meet in the b2b)

Main type of existing distribution on market:

- | | |
|--|--|
| ☐ Direct sales | ☐ Franchising |
| ☐ Agent / distributors | ☐ Joint venture |
| ☐ Inside sales department | ☐ Others (pls. specify) |
| ☐ Licence agreement | |

8. TRADE WITH FOREIGN COMPANIES ON MARKET

Any partnership agreement with foreign companies?

☐ Yes

☐ No

Which kind of partnership?

	Name	Period of time	City	Country
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9. FOREIGN LANGUAGES spoken:

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10. REQUESTED TYPE OF PARTNERSHIP:

☐ Agent/Representative ☐ Importer/Distributor

☐ Buyer

☐ Others (pls. specify): _____

11. DESCRIBE TYPE OF PARTNERSHIP YOU REQUIRE FROM FOREIGN PARTNER

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12. ADDITIONAL INFORMATION AND NOTES

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ENCLOSED

Do you have any brochure in Italian and/or English languages to send?

() PRICE LIST () ITALIAN () ENGLISH () OTHER

**Si prega di compilare e rispedire il documento in formato elettronico all'indirizzo di posta elettronica:
stefania.mannato@mi.camcom.it – STEFANIA MANNATO**

Le informazioni potranno essere diffuse tra le imprese locali per valutare da subito le opportunità di business e definire con anticipo l'agenda degli incontri con le stesse.

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