



EXPORTER PROFILE

In order to receive your **FREE VIEXCO Tax Benefit Report**, please complete the following information and fax it to Export Assist at **888-894-8366** (toll free). If you have any questions, contact Ms. Tamara Crews – Vice President, Professional Markets, at 800-894-8366 or tcrows@exportassist.com. All information is confidential.

Exporter: _____	Phone: _____
Contact: _____	Title: _____
Address: _____	Fax: _____
City, State, Zip: _____	E-mail: _____

Description of export business activity: _____

Ownership: Privately-held ____ Publicly-traded ____; if privately-held, total number of owners: ____

Structure: C Corp ____ S Corp ____ LLC ____ Partnership ____ Sole Owner ____ Co-op ____

Primary goal for export tax benefits: Dividend ____ Deferral ____ Retirement ____ Tax Savings ____

Are the members of this owners' group currently operating or have in existence an Interest Charge Domestic International Sales Corporation (IC-DISC)? Yes ____ No ____

Are there any individual or corporate foreign shareholders? Yes ____ No ____ If yes, how many? ____
Country and % of ownership for each: _____

Do you have commission agents, warehoused inventory, local distributors and/or local employees in a foreign locale? Yes ____ No ____; if yes, please attach an organization chart.

Do you import components for your export products? Yes ____ No ____; if yes, ____% of total export sales.

Do you sell products to a U.S. company that onells these products to a foreign country? Yes ____ No ____

Annual estimated R&D expenditure, if any: \$ _____; percent as it relates to exports: ____%

Date of fiscal year-end: _____

Full fiscal year export sales (FTGR): \$ _____ (Line 15 on ETI Form 8873)

Full fiscal year export cost of goods sold (COGS): \$ _____ (Line 17h on ETI Form 8873)

Full fiscal year export-related expenses (SG&A): \$ _____ (Line 19 on ETI Form 8873)

Total number of estimated export shipments (invoiced transactions) annually: _____

Shipments per quarter: 1st Qtr ____ 2nd Qtr ____ 3rd Qtr ____ 4th Qtr ____

Terms of sale: ExWorks ____ FAS ____ FOB ____ CIF ____ Other _____

Terms of payment: Open Account % of total payments ____%; 30 ____ 60 ____ 90 days ____

Letters of Credit % of total payments ____%

Documentary Collection % of total payments ____%

Medium Term (1-5 yrs) % of total payments ____%

100 %

Submitted by:

Signature: _____ Date: _____

Name (please print): _____ Title: _____

Company: _____ Phone: _____

Address: _____ Fax: _____

City, State, Zip: _____ E-mail: _____