

## KINDLY RETURN TO THE AUSTRADE BUSINESS UNIT - FAX NO 03-2141 8592 COMPANY BRIEF

COMPANY NAME							
Address							
Telephone no.	Mobile No:Off:						
Fax no.							
E-mail Address							
Website Address							
Principal Contact							
Designation							
Year Established							
No. of Employees							
Paid-Up Capital							
Annual Turnover							
Type of Business	☐ Agent☐Retailer☐ Others		□Trader □ Services		□Distributor □ Manufacturer		
<b>Current Products / Agencies Held</b>		P	<b>Product Description</b>		Country of Origin		

## PRODUCT OR SERVICE OF INTEREST

	Description cification :						
End Use	rs						
Quantity	y/Volume						
Product	Price Range						
Type of Packagin	ng/Labelling						
When D Required	elivery d/Decision						
Mode of	Transport	□ Sea □ Air					
Delivery Port or A	Destination Airport						
Quotatio	on Terms	□FOB □	CIF	□C&F □EX			
Financia Terms	l/Payment	□L/C □	T/T	☐ Others (please specify)			
Sector b	eing supplied						
Is there a Restricti Regulati	ons or ons?						
Purpose	of Importing Pr						
	Agency Representation	Project / project procurement	Govt Tenders	Investment from Australia	Own Manufacturing Use	Shipment to Third Countries /	
						Others	
Commen	its:						

## **IMPORTANT**

Please send us your company profile. It is important to potential Australian suppliers, and for us to gain a better understanding of your needs and company.