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Funded in part through a Grant with the U.S. Small Business Administration

GUAM STATE TRADE EXPANSION CLIENT APPLICATION FORM

COMPANY INFORMATION					
Company Name (as appears					
on Guam Business License):					
Doing Business As (DBA)					
Name(s):					
Business License No. (please					
attach most recent copy):					
Company Website:					
	CONTACT INFORMATION				
Mailing Address:					
Physical Address (if different					
from mailing address):					
Telephone No:					
Fax No:					
Point of Contact:					
Title:					
Email Address:					
COMPANY OUTLINE					
Year Company Established:					
Primary NAICS Code					
(6-digit code):					
Use the <u>NACIS Code Search</u> for assistance.					
Company Structure:	My company is:				
Sole proprietorship	New to Export (NTE) – no export experience, an 'accidental' or				
Partnership	'occasional' export or hasn't exported in over 18 months.				
Limited Liability Company	Market Expansion (ME) – active or recent exporter (within the last				
Corporation	18 months) that is expanding into a new country market or new product line within an existing market.				
	product line within an existing market.				

Number of Employees:	Full-time:	Part-time:	
Annual Gross Revenue:			
Annual Export Sales, If Any:	2022: \$	2020: \$	
	2021: \$	2019: \$	
Current International	Direct sa	es to retailers or retail chains	
Distribution Channels:	Direct sales to end users		
	Sales thro	ough specialized importers/wholesalers	
	Sales thro	ough one or more distributors	
	New to e	xport	
Please check all categories	Socially a	nd economically disadvantaged business	
that apply to your company:	Women-owned business		
	Veteran-	owned business	
(Not less than 51 percent of the company must be owned by the		veteran-owned business	
individual that fits the category)	Rural business		
	None of t	the above	
Guam Product Seal Permit:	Yes	No	
Product/Service Description:			
	STEP	ACTIVITY	
Please indicate which Guam	STEP programs y	ou are applying for (check all that apply):	
Export Readiness Program (ERP)		International Marketing Program (IMP) E-Commerce	
Trade Promotion Program (TPP)		Marketing Media Design	
Virtual Export Conference			
Please indicate if you would	like for you comp	pany's name and contact information to be	
shared with other programs	offered by SBA:	Yes No	
ERTIFICATION is hereby certified that this form	m is as presented a	and attested to be in my presence the party named	

herein. I certify that all statements made, and all information contained in this Guam STEP Application are true and correct. I am aware of the penalties provided for false representation.

Signature:	Name:
Title:	Date:

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