



# Prince Edward Island EXPORT Help! Company Application & Profile

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

Name of company: \_\_\_\_\_

Name of main contact: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Web Site: \_\_\_\_\_

Business is:     Sole Proprietor     Incorporated     Partnership     Other

Industry/Sector: \_\_\_\_\_

Product / service lines (attach promotional material): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date firm was established: \_\_\_\_\_

Number of employees: \_\_\_\_\_

Other sites: Please indicate any other site(s) for your operation in addition to the address noted above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If currently exporting, please attach a memo describing your current export activity, including your prime export market(s) and recent export plan (if available).

Memo attached: \_\_\_\_\_ YES \_\_\_\_\_ NO

If not currently exporting, please attach a memo explaining your planned export activity and any export business plans (if available).

Memo attached: \_\_\_\_\_ YES \_\_\_\_\_ NO

What does your company expect to accomplish by participating in the PEI EXPORT Help! Program? Please identify the specific issue you want to address. \_\_\_\_\_

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Please list the executive(s)/managers(s) and their titles (along with a contact number) that will be assigned to the program:

Manager: _____	Title: _____	Contact #: _____
Manager: _____	Title: _____	Contact #: _____
Manager: _____	Title: _____	Contact #: _____

**IMPORTANT:** Commitment on the part of participating companies.

The EXPORT Help! program will take a limited number of applications. Applicants should be ready to invest the time during this period to complete the activity with the assistance of an export consultant. Participating companies will be required to pay a nominal fee of approximately 10% of the cost of the program.

Please sign below indicating you agree, if accepted, to invest the time and resources required by the program.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

*For more information or questions on the application contact:*

**Trade Team PEI**

Attention: Project Coordinator, Tel: 902- 566-7619

Toll free 1-888-576-4444 FAX: 566-7377

Email: [tradeteampe@acoa-apeca.gc.ca](mailto:tradeteampe@acoa-apeca.gc.ca)