



New Mexico Economic Development Department

SBA STATE TRADE EXPANSION PROGRAM CLIENT APPLICATION FORM

Company Name: _____

Company Address: _____

Tel. No. _____ Email: _____ Website: _____

Contact Person: _____ Email: _____

Description of Company's Products: _____

Current Export Status: _____ Estimated Export Sales Amount: _____

Exporter _____ Current Export Markets: _____

New to Export: _____ Target Market(s): _____

Market Expansion: (List new export market targets) _____

Payment terms: Cash: _____ Credit: _____ Letter of Credit: _____

Does your company have a current, updated Export Plan: _____

Operating History-Years in Operation: _____ No. of Employees: _____

Completed forms accompanying this application:

SBA SELF Certification Agreement _____ STEP Sales Survey _____

State of New Mexico W-9 Substitute Form _____ Vendor No. _____

Please select categories as may apply:

Woman owned Business _____ Veteran Owned Business _____ Rural Area _____

Veteran Service Connected Disability _____ Economically Disadvantaged _____

I hereby certify that all information provided in this document, as well as any accompanying documents are true and complete.

By: _____ Date: _____

Name and Title

The US Small Business Administration (SBA) would like to give eligible small business concerns the opportunity to expand your knowledge and resources of other programs that are offered by the agency. Please check the appropriate box if you would like for your company's name and contact information to be shared with other programs offered by SBA. Your choice to participate or not, will not change the status of your participation with STEP. SBA's aim is strictly to share information about other opportunities with you.

_____ Yes

_____ No