

ITALIAN
CHAMBER
OF COMMERCE
OF ONTARIO

Member Profile Form

Company Name: _____

Primary Contact: _____ **Title:** _____

Email: _____ **Tel:** _____

Fax: _____ **Date Founded:** _____

Business Sector: (please select one)

Aerospace & Defence Agriculture, Food & Beverages Automotive Bio-industry
Building products & Developers Culture, Sports & Recreation Electric Power Equipment & Services
 Environmental Industries Fashion & Design Government Health Industries
Hospitality & Tourism Housewares/Textiles Information & Communication Technology
Machinery Oil & Gas Equipment & Services Plastic Professional Service Industry
Transportation

Other: _____

Business Type: (please select one – if applicable)

Distributor Exporter Importer Manufacturer Retailer Wholesaler

Product/service description: _____

Number of employees:

Less than 9 10 to 19 20 to 49 50 to 99 100 to 499 500 to 1000 Over 1000

Company revenue (\$CDN):

Less than 500,000 500,000 - 1 million 1 million - 5 million 5 million - 10 million
10 million - 25 million 25 million - 50 million over 50 million

Import / Export Activities (If Applicable):

Export - Main areas or countries: _____

Import - Main areas or countries: _____

Do you have a business relationship with Italian companies abroad? Yes No

*Please provide any other comments or relevant information on your company
(attach your company profile or provide supplemental sheets)*

Please complete this form and fax it back to us at 416-789-7160