



List Criteria Order

Date: _____ **State:** _____

Print Agent Name: _____

Phone Number: _____

E-Mail Address: _____

Company Size:

Annual Sales: From(\$) _____ To(\$) _____

Total Employees: From _____ To _____

Zip Code(s) _____

Metropolitan Area _____ (call CFC to get options)

Area Code(s) _____

Area around zip code: Find results within _____ miles

Of zip code _____

Industry:

Specify specific SIC codes: _____

The lists provided will based on the above criteria. Downloaded lists will be emailed to you for scrubbing against your policy holders only. Please email your approved list back to CFC as soon as possible so we may schedule your sessions.

Please Sign: _____

For Client Focus Office Use:

Date Purchased _____ Account Manager _____

Amount of Names Purchased _____ Intro Annual Single Purchase