



List Criteria Order

Date: _____ State: _____

Print Agent Name: _____

Phone Number: _____

E-Mail Address: _____

Company Size:

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

Total Employees: From _____ To _____

Geographic Location: Choose 1 option

Zip Code(s) _____, _____, _____, _____, _____, _____

_____, _____, _____, _____, _____, _____

Or County _____, _____, _____, _____, _____

Or 60 mile radius of Zip Code* _____

*If choosing the 60 mile radius, PLEASE make sure you are licensed in all States this radius will cover. If not, use zip codes for your geographic location.

Industry:

Specify specific SIC codes: _____

The lists provided will be downloaded on the above criteria. Once downloaded, we **cannot** change your criteria. Please call CFC if you have any questions about your criteria. **Client Focus Connections is not responsible for lists once downloaded by your criteria listed above.** 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.

(On future downloads, your criteria may be changed by calling CFC)

Please retain a copy of lists for your records.

Please Sign: _____

For Client Focus Office Use:

Date Purchased _____ Account Manager _____

Amount of Names Purchased _____ Intro Annual Single Purchase