

List Media

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LIST BROKERAGE QUALIFICATIONS

Company: _____ S/S or Fed. Tax ID: _____

Contact: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Today's Date: _____

Are you a member of the DMA? _____ Yes _____ No

Are you registered in the SRDS? _____ Yes _____ No

List at LEAST FOUR other management companies that recognize your firm as a list brokerage and grant 20% commission.

1. _____

2. _____

Fax #: _____

Fax #: _____

3. _____

4. _____

Fax #: _____

Fax #: _____

List at LEAST FIVE mailers that have placed orders through your company in the last 12 months which are in no way affiliated with your company.

Company: _____

Company: _____

Contact: _____

Contact: _____

Street Address: _____

Street Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone Number: _____

Phone Number: _____

Fax Number: _____

Fax Number: _____

Company: _____

Company: _____

Contact: _____

Contact: _____

Street Address: _____

Street Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone Number: _____

Phone Number: _____

Fax Number: _____

Fax Number: _____

Fill Out Form COMPLETELY

and return to:

List Media

P.O. Box 152

Aurora, OH 44202 or Fax to: 330-995-0873