

# B2C Strategic Partner Brainstorm List



\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Date

Use this list to come up with prospects for your strategic partner program. Share the list with your staff and even with your clients to come up with your best of class team.

<input type="checkbox"/> Banker	_____	_____	_____
<input type="checkbox"/> Accountant	_____	_____	_____
<input type="checkbox"/> Lawyer	_____	_____	_____
<input type="checkbox"/> Insurance Agent	_____	_____	_____
<input type="checkbox"/> Financial Planner	_____	_____	_____
<input type="checkbox"/> Real Estate Agent	_____	_____	_____
<input type="checkbox"/> Physicians	_____	_____	_____
<input type="checkbox"/> Dentist	_____	_____	_____
<input type="checkbox"/> Chiropractor	_____	_____	_____
<input type="checkbox"/> Veterinarian	_____	_____	_____
<input type="checkbox"/> Handy Man	_____	_____	_____
<input type="checkbox"/> Plumber	_____	_____	_____
<input type="checkbox"/> Electrician	_____	_____	_____
<input type="checkbox"/> Painter	_____	_____	_____
<input type="checkbox"/> HVAC	_____	_____	_____
<input type="checkbox"/> Roofer	_____	_____	_____
<input type="checkbox"/> Lawn Service	_____	_____	_____
<input type="checkbox"/> Tree Service	_____	_____	_____
<input type="checkbox"/> Carpet Cleaners	_____	_____	_____
<input type="checkbox"/> Window Cleaners	_____	_____	_____
<input type="checkbox"/> Interior Decorator	_____	_____	_____
<input type="checkbox"/> Remodeler	_____	_____	_____
<input type="checkbox"/> Upholstery	_____	_____	_____
<input type="checkbox"/> Auto Repair	_____	_____	_____
<input type="checkbox"/> Dog Walker	_____	_____	_____
<input type="checkbox"/> Baby Sitter	_____	_____	_____
<input type="checkbox"/> Caterer	_____	_____	_____
<input type="checkbox"/> Florist	_____	_____	_____
<input type="checkbox"/> Dry Cleaner	_____	_____	_____
<input type="checkbox"/> Tailor	_____	_____	_____
<input type="checkbox"/> Hairstylist	_____	_____	_____
<input type="checkbox"/> Barber	_____	_____	_____
<input type="checkbox"/> Health Club	_____	_____	_____
<input type="checkbox"/> Personal Trainer	_____	_____	_____
<input type="checkbox"/> Spa/Masseuse	_____	_____	_____