



# CLIENT OPENING SURVEY FORM

Mr

MR./MRS./MISS

T

FIRST NAME

Watson

LAST NAME

414-748-1374

CONTACT NUMBER

414-573-7719

ALTERNATE NUMBER

## COMPANY DATA BASE

[fis@fairbridgescot.org.uk](mailto:fis@fairbridgescot.org.uk)

EMAIL ADDRESS

Haley Miranda Group  
Inc

COMPANY NAME

[haleymiranda.com](http://haleymiranda.com)

WEBSITE URL

8654 Washington Boulevard

Address

Culver City

City

CA

State

90232

ZIP Code

Advertising Agencies

SIC DESCRIPTION

7311

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

116,900

REVENUE (USD)

Los Angeles

COUNTRY/REGION

YES

MEDICAL INSURANCE



US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island  
Dr S, Saint Augustine, FL 32080



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