



# CLIENT OPENING SURVEY FORM

Mr

MR./MRS./MISS

Edward

FIRST NAME

Allingham

LAST NAME

310-498-5651

CONTACT NUMBER

310-254-3084

ALTERNATE NUMBER

## COMPANY DATA BASE

[edward@allinghamgroup.co.uk](mailto:edward@allinghamgroup.co.uk)

EMAIL ADDRESS

[Chico Recovery Center](#)

COMPANY NAME

[www.chicorecoverycenter.com](http://www.chicorecoverycenter.com)

WEBSITE URL

740 G St

Address

Chico

City

CA

State

95928

ZIP Code

[Health Services](#)

SIC DESCRIPTION

8069

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

191,300

REVENUE (USD)

Butte

COUNTRY/REGION

YES

MEDICAL INSURANCE



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