



CLIENT OPENING SURVEY FORM

Female
MR./MRS./MISS

Kathleen
FIRST NAME

Lambert
LAST NAME

8058864365
CONTACT NUMBER

785-253-7049
ALTERNATE NUMBER

COMPANY DATA BASE

Redhead43@yahoo.com
EMAIL ADDRESS

Drivers Tu Williams
COMPANY NAME

driverstuwilliams.com
WEBSITE URL

5465 Saloma Ave
Address

Lakewood
City

CA
State

90712
ZIP Code

Accounting, Auditing, and Bookkeeping Services
SIC DESCRIPTION

8721
SIC CODE

Independent
ENTITY TYPE

\$500,000 to \$999,999
COMPANY SALES

75,800.00
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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1782