



# CLIENT OPENING SURVEY FORM

Female  
MR./MRS./MISS

Amanda  
FIRST NAME

Chappell  
LAST NAME

7578317903  
CONTACT NUMBER

914-396-2615  
ALTERNATE NUMBER

## COMPANY DATA BASE

achappell1022@gmail.com  
EMAIL ADDRESS

Laxlegacylimo  
COMPANY NAME

laxlegacylimo.com/  
WEBSITE URL

1041 n ogden dr #1, West Holly  
Address

Lee Vining  
City

CA  
State

93541  
ZIP Code

Business Services, NEC  
SIC DESCRIPTION

NA  
SIC CODE

Subsidiary  
ENTITY TYPE

Under \$500,000  
COMPANY SALES

684,300.01  
REVENUE (USD)

Mono  
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