



CLIENT OPENING SURVEY FORM

Mr

MR./MRS./MISS

G.

FIRST NAME

Orman

LAST NAME

773-704-9903

CONTACT NUMBER

773-359-6109

ALTERNATE NUMBER

COMPANY DATA BASE

geraldorman@compuserve.com

EMAIL ADDRESS

ROCHAARTS

COMPANY NAME

rochaarts.com

WEBSITE URL

20660 Bahama St

Address

Covina

City

CA

State

91723

ZIP Code

Miscellaneous Publishing

SIC DESCRIPTION

NA

SIC CODE

Independent

ENTITY TYPE

\$5,000,000 to \$9,999,999

COMPANY SALES

735,899.98

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