



CLIENT OPENING SURVEY FORM

Male
MR./MRS./MISS

Cody
FIRST NAME

Cupples
LAST NAME

7312342116
CONTACT NUMBER

916-289-4526
ALTERNATE NUMBER

COMPANY DATA BASE

cupples412@gmail.com
EMAIL ADDRESS

Receivers Inc
COMPANY NAME

receiversinc.com
WEBSITE URL

15700 Winchester Boulevard
Address

Los Gatos
City

CA
State

95030
ZIP Code

Legal Services
SIC DESCRIPTION

8111
SIC CODE

Independent
ENTITY TYPE

Under \$500,000
COMPANY SALES

317,900
REVENUE (USD)

Santa Clara
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