



CLIENT OPENING SURVEY FORM

Male
MR./MRS./MISS

Charles
FIRST NAME

Charles
LAST NAME

3344551056
CONTACT NUMBER

310-499-4200
ALTERNATE NUMBER

COMPANY DATA BASE

ch.broadnax0001@gmail.com
EMAIL ADDRESS

Allexcel, Inc.
COMPANY NAME

http://www.allexcel.com
WEBSITE URL

135 Wood St, Ste 200
Address

West Haven
City

Connecticut
State

06516-3700
ZIP Code

Software Publishing
SIC DESCRIPTION

5420
SIC CODE

Independent
ENTITY TYPE

Under \$500,000
COMPANY SALES

36,800.00
REVENUE (USD)

Connecticut
COUNTRY/REGION

YES
MEDICAL INSURANCE



US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island
Dr S, Saint Augustine, FL 32080

+1 (904) 117-
1782