

CLIENT OPENING SURVEY FORM

| Mr/Mrs/Miss | Chau | Kitzman |
|---|-------------------------|--------------------------|
| MR./MRS./MISS | FIRST NAME | LAST NAME |
| 310-560-8022 | | 310-969-7230 |
| CONTACT NUMBER | ALTERNATE NUMBER | |
| | COMPANY DATA B | ASE |
| chau@gmail.com | Crossroads Learning | www.firstagmontclair.com |
| EMAIL ADDRESS | Academy COMPANY NAME | WEBSITE URL |
| 420 S Cedros Ave | | |
| Address | | |
| Montclair | CA | 91763 |
| City | State | ZIP Code |
| Educational Services | | |
| SIC DESCRIPTION | | |
| 8211 | | Independent |
| SIC CODE | | ENTITY TYPE |
| Unknown | | 188,100 |
| COMPANY SALES | | REVENUE (USD) |
| San Bernardino | | YES |
| COUNTRY/REGION | | MEDICAL INSURANCE |
| | | |
| Q | | <u>©</u> |
| US Hwy 1 S, Saint Augustine, F Dr S, Saint Augustine, FL 32080 | +1 (904) 117- 1782 | |