

CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Donte	Kines
MR./MRS./MISS	FIRST NAME	LAST NAME
508-429-8576		508-843-1426
CONTACT NUMBER	ALTERNATE NUMBER	
	COMPANY DATA B	ASE
11.5	Carlon Joe And	
dkines@hotmail.com EMAIL ADDRESS	Assocaites COMPANY NAME	www.joecarlon.com WEBSITE URL
1470 Newcomb Ave		
Address		
Salinas	CA	93908
City	State	ZIP Code
Fransportation Services		
SIC DESCRIPTION		
4789	<u></u>	Independent
SIC CODE		ENTITY TYPE
Under \$500,000		557,600.02
COMPANY SALES		REVENUE (USD)
Monterey		YES
COUNTRY/REGION		MEDICAL INSURANCE
Q		©
US Hwy 1 S, Saint Augustine, Fl Dr S, Saint Augustine, FL 32080	+1 (904) 117- 1782	