



# CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Rickie

FIRST NAME

Plumer

LAST NAME

419-693-1334

CONTACT NUMBER

419-313-5571

ALTERNATE NUMBER

## COMPANY DATA BASE

rickie.plumer@aol.com

EMAIL ADDRESS

Coastside Net, Inc.

COMPANY NAME

www.coastside.net

WEBSITE URL

418 Main St

Address

Half Moon Bay

City

CA

State

94019

ZIP Code

Communication

SIC DESCRIPTION

4813

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

400,000.01

REVENUE (USD)

San Mateo

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