



# CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Mitsue

FIRST NAME

Scipione

LAST NAME

530-986-9272

CONTACT NUMBER

530-399-3254

ALTERNATE NUMBER

## COMPANY DATA BASE

[mscipione@scipione.com](mailto:mscipione@scipione.com)

EMAIL ADDRESS

[Loanapp.com](http://Loanapp.com)

COMPANY NAME

[loanapp.com](http://loanapp.com)

WEBSITE URL

909 North Sepulveda Boulevard

Address

El Segundo

City

CA

State

90245

ZIP Code

Business Services, NEC

SIC DESCRIPTION

7389

SIC CODE

Independent

ENTITY TYPE

\$500,000 to \$999,999

COMPANY SALES

59,600.00

REVENUE (USD)

Los Angeles

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