



CLIENT OPENING SURVEY FORM

Female
MR./MRS./MISS

renee
FIRST NAME

dargan
LAST NAME

3477159700
CONTACT NUMBER

808-526-5863
ALTERNATE NUMBER

COMPANY DATA BASE

mzdargan1@gmail.com
EMAIL ADDRESS

Copper Repipe 4 Less
COMPANY NAME

www.johnnelsonplumbing.com
WEBSITE URL

2534 Foothill Blvd
Address

La Crescenta
City

CA
State

91214
ZIP Code

Special Trade Contractors
SIC DESCRIPTION

1711
SIC CODE

Independent
ENTITY TYPE

Under \$500,000
COMPANY SALES

735,899.98
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



+1 (904) 117-
1782