



CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Reena

FIRST NAME

Maisto

LAST NAME

410-351-1863

CONTACT NUMBER

410-951-2667

ALTERNATE NUMBER

COMPANY DATA BASE

reena@hotmail.com

EMAIL ADDRESS

Grace Christian
Academy

COMPANY NAME

<http://www.graceva.org>

WEBSITE URL

3233 Annandale Road

Address

Falls Church

City

Virginia

State

22042-3845

ZIP Code

School Education

SIC DESCRIPTION

802

SIC CODE

Independent

ENTITY TYPE

\$500,000 to \$999,999

COMPANY SALES

95,000.00

REVENUE (USD)

Virginia

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