



CLIENT OPENING SURVEY FORM

Mr

MR./MRS./MISS

D

FIRST NAME

Jones

LAST NAME

(949) 364-0215

CONTACT NUMBER

(949) 307-1713

ALTERNATE NUMBER

COMPANY DATA BASE

holybrook.office@holybrook.ngfl.ac.uk

EMAIL ADDRESS

Califrnia Rfuse Recycl
Council

COMPANY NAME

www.crrcstate.org

WEBSITE URL

[1121 L St](#)

Address

[Sacramento](#)

City

[CA](#)

State

[95814](#)

ZIP Code

Membership Organizations

SIC DESCRIPTION

[8611](#)

SIC CODE

[Independent](#)

ENTITY TYPE

[\\$1,000,000 to \\$4,999,999](#)

COMPANY SALES

[138,300](#)

REVENUE (USD)

[Sacramento](#)

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