

## CLIENT OPENING SURVEY FORM

Mrs	Susie	Allen
MR./MRS./MISS	FIRST NAME	LAST NAME
7608394934		7604840932
CONTACT NUMBER		ALTERNATE NUMBER
	COMPANY DATA I	BASE
sie@artwisecurators.com	Couponfundraising Com	www.eckim.com
EMAIL ADDRESS	COMPANY NAME	- WEBSITE URL
519 Admiralty Way		
Address		
<b>Marina Del Rey</b>	CA	90292
City	State	ZIP Code
Engineering & Management Se	rvices	
SIC DESCRIPTION		
8742		Parent
SIC CODE		ENTITY TYPE
<b>Under \$500,000</b>		881,399.99
COMPANY SALES		REVENUE (USD)
Los Angeles		YES
COUNTRY/REGION		MEDICAL INSURANCE
Q		<u>©</u>
US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island Dr S, Saint Augustine, FL 32080		d +1 (904) 117- 1782