

CLIENT OPENING SURVEY FORM

Female	Michelle	Duenez
MR./MRS./MISS	FIRST NAME	LAST NAME
3233960874		626-638-4241
CONTACT NUMBER	ALTERNATE NUMBER	
	COMPANY DATA B	ASE
helleduenez1612@gmail.com	Blinkers On	http://www.blinkerson.com
EMAIL ADDRESS	COMPANY NAME	WEBSITE URL
2010 Crow Canyon Pl		
Address		
San Ramon	California	94583-4634
City	State	ZIP Code
Sports and Physical Recreation (SIC DESCRIPTION	ciuos and Sports i rotessi	unais
9112		Independent
SIC CODE		ENTITY TYPE
Under \$500,000		500,000
COMPANY SALES		REVENUE (USD)
California		YES
COUNTRY/REGION		MEDICAL INSURANCE
•		•
US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island Dr S, Saint Augustine, FL 32080		+1 (904) 117- 1782