



CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Roselle

FIRST NAME

sstsl

LAST NAME

419-471-4920

CONTACT NUMBER

419-488-6648

ALTERNATE NUMBER

COMPANY DATA BASE

roselle.estell@gmail.com

EMAIL ADDRESS

Allexcel, Inc.

COMPANY NAME

http://www.allexcel.com

WEBSITE URL

135 Wood St, Ste 200

Address

West Haven

City

Connecticut

State

06516-3700

ZIP Code

Software Publishing

SIC DESCRIPTION

5420

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

36,800.00

REVENUE (USD)

Connecticut

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