

## CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Mona	Delasancha
MR./MRS./MISS	FIRST NAME	LAST NAME
307-403-1488		307-816-7115
CONTACT NUMBER		ALTERNATE NUMBER
	COMPANY DATA E	BASE
delasancha@hotmail.com	Staffmark	staffmark.com
EMAIL ADDRESS	COMPANY NAME	WEBSITE URL
3160 Crow Canyon Pl		
Address		
Temecula	CA	92591
City	State	ZIP Code
<b>Employment Agencies</b>		
IC DESCRIPTION		
7361		Independent
SIC CODE		ENTITY TYPE
<b>Under \$500,000</b>		223,199.99
COMPANY SALES		REVENUE (USD)
Riverside		YES
COUNTRY/REGION		MEDICAL INSURANCE
•		•
JS Hwy 1 S, Saint Augustine, I Dr S, Saint Augustine, FL 3208		d +1 (904) 117- 1782