



# CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Portia

FIRST NAME

Stimmels

LAST NAME

908-722-7128

CONTACT NUMBER

908-670-4712

ALTERNATE NUMBER

## COMPANY DATA BASE

[portia.stimmel@aol.com](mailto:portia.stimmel@aol.com)

EMAIL ADDRESS

Carnivalia

COMPANY NAME

[www.dolphindream.com](http://www.dolphindream.com)

WEBSITE URL

1437 N Broadway

Address

Walnut Creek

City

CA

State

94596

ZIP Code

Miscellaneous Manufacturing Industries

SIC DESCRIPTION

3952

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

1,125,200

REVENUE (USD)

Contra Costa

COUNTRY/REGION

YES

MEDICAL INSURANCE



US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island  
Dr S, Saint Augustine, FL 32080



+1 (904) 117-  
1782