



# CLIENT OPENING SURVEY FORM

Mr

MR./MRS./MISS

N

FIRST NAME

Jackson

LAST NAME

213-240-1270

CONTACT NUMBER

310-490-9027

ALTERNATE NUMBER

## COMPANY DATA BASE

[sales@aquatronics.co.uk](mailto:sales@aquatronics.co.uk)

EMAIL ADDRESS

Cryogenic Group INC

COMPANY NAME

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

WEBSITE URL

2570 Napa Nook Rd

Address

Murrieta

City

CA

State

92562

ZIP Code

Industrial Machinery and Equipment

SIC DESCRIPTION

3561

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

95,500

REVENUE (USD)

Riverside

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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