



# CLIENT OPENING SURVEY FORM

Male  
MR./MRS./MISS

Chad  
FIRST NAME

Lee  
LAST NAME

5074753979  
CONTACT NUMBER

504-946-1807  
ALTERNATE NUMBER

## COMPANY DATA BASE

monkeybrothers1973@gmail.com  
EMAIL ADDRESS

Cdm Community  
Aquatics  
COMPANY NAME

www.cdm pool.org  
WEBSITE URL

500 Newport Center Dr  
Address

Newport Beach  
City

CA  
State

92660  
ZIP Code

Membership Organizations  
SIC DESCRIPTION

8641  
SIC CODE

Independent  
ENTITY TYPE

Under \$500,000  
COMPANY SALES

67,200.00  
REVENUE (USD)

Orange  
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