



CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Gwenn

FIRST NAME

Suffisld

LAST NAME

661-248-6448

CONTACT NUMBER

661-294-9879

ALTERNATE NUMBER

COMPANY DATA BASE

gwenn_suffield@suffield.org

EMAIL ADDRESS

Crabb Construction
Company, Inc.

COMPANY NAME

www.crabbconstruction.com

WEBSITE URL

[5135 N Valley Center Ave](#)

Address

[Covina](#)

City

[CA](#)

State

[91724](#)

ZIP Code

[General Building Contractors](#)

SIC DESCRIPTION

[1542](#)

SIC CODE

[Independent](#)

ENTITY TYPE

[\\$500,000 to \\$999,999](#)

COMPANY SALES

[1,196,800](#)

REVENUE (USD)

[Los Angeles](#)

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