



CLIENT OPENING SURVEY FORM

Mr./Mrs./Miss

MR./MRS./MISS

Loreta

FIRST NAME

Timenez

LAST NAME

301-696-6420

CONTACT NUMBER

301-392-6698

ALTERNATE NUMBER

COMPANY DATA BASE

loreta.timenez@hotmail.com

EMAIL ADDRESS

Tour Charleston, LLC

COMPANY NAME

NA

WEBSITE URL

104 Spring St Apt D15

Address

Charleston

City

South Carolina

State

29403-5356

ZIP Code

Amusement and Other Recreational Activities Not Elsewhere Classified

SIC DESCRIPTION

9139

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

379,200.01

REVENUE (USD)

South Carolina

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