

## CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Lai	Harabedian
MR./MRS./MISS	FIRST NAME	LAST NAME
415-423-3294		415-926-6089
CONTACT NUMBER	ALTERNATE NUMBER	
	COMPANY DATA B	SASE
	Clark Pest Control Of	
lai@gmail.com EMAIL ADDRESS	Stockton Inc COMPANY NAME	clarkpest.com WEBSITE URL
48 Rickenbacker Circle		
ddress		
Livermore	CA	94551
City	State	ZIP Code
Disinfecting and Pest Control S	ervices	
IC DESCRIPTION		
7342		Independent
SIC CODE		ENTITY TYPE
<b>Under \$500,000</b>		68,200
COMPANY SALES		REVENUE (USD)
Alameda		YES
COUNTRY/REGION		MEDICAL INSURANCE
•		•
US Hwy 1 S, Saint Augustine, F Dr S, Saint Augustine, FL 3208	· · · · · · · · · · · · · · · · · · ·	+1 (904) 117- 1782