



# CLIENT OPENING SURVEY FORM

Male  
MR./MRS./MISS

Lester  
FIRST NAME

Thomas  
LAST NAME

8162449736  
CONTACT NUMBER

305-306-7834  
ALTERNATE NUMBER

## COMPANY DATA BASE

mr\_thomas\_21@yahoo.com  
EMAIL ADDRESS

The Ziegel Group  
COMPANY NAME

ziegelgroup.com  
WEBSITE URL

4500 Woodman Ave. Suite A  
Address

Sherman Oaks  
City

CA  
State

91423  
ZIP Code

Business Services, NEC  
SIC DESCRIPTION

NA  
SIC CODE

Independent  
ENTITY TYPE

\$1,000,000 to \$4,999,999  
COMPANY SALES

154,700  
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