

CLIENT OPENING SURVEY FORM

Female	Jennifer	Smith
MR./MRS./MISS	FIRST NAME	LAST NAME
7067664598		513-418-1566
CONTACT NUMBER		ALTERNATE NUMBER
	COMPANY DATA I	BASE
nnifer19smith@yahoo.com EMAIL ADDRESS	Biss Product Development LLC COMPANY NAME	http://www.riskracing.com WEBSITE URL
16 Burry Ct		
Address		
Troutman	North Carolina	28166-8833
City	State	ZIP Code
Other Professional, Scientific ar	nd Technical Services Not	Elsewhere Classified
SIC DESCRIPTION		
6999		Independent
SIC CODE		ENTITY TYPE
Under \$500,000		247,300
COMPANY SALES		REVENUE (USD)
North Carolina		YES
COUNTRY/REGION		MEDICAL INSURANCE
Q		<u>e</u>
US Hwy 1 S, Saint Augustine, F. Dr S, Saint Augustine, FL 32080	d +1 (904) 117- 1782	