



# CLIENT OPENING SURVEY FORM

Mrs

MR./MRS./MISS

Bernedette

FIRST NAME

Jackson

LAST NAME

734-928-5182

CONTACT NUMBER

734-408-8174

ALTERNATE NUMBER

## COMPANY DATA BASE

bernie.jackson53@btinternet.com

EMAIL ADDRESS

Core Mobility, INC

COMPANY NAME

www.coremobility.com

WEBSITE URL

8468 Melrose Pl

Address

NA

City

NA

State

NA

ZIP Code

Business Services

SIC DESCRIPTION

7371

SIC CODE

Independent

ENTITY TYPE

\$500,000 to \$999,999

COMPANY SALES

140,000

REVENUE (USD)

Santa Clara

COUNTRY/REGION

YES

MEDICAL INSURANCE



US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island  
Dr S, Saint Augustine, FL 32080



+1 (904) 117-  
1782