



# CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Golda

FIRST NAME

IRniscli

LAST NAME

762-628-9909

CONTACT NUMBER

762-617-4610

ALTERNATE NUMBER

## COMPANY DATA BASE

golda\_kaniecki@yahoo.com

EMAIL ADDRESS

Receivers Inc

COMPANY NAME

receiversinc.com

WEBSITE URL

15700 Winchester Boulevard

Address

Los Gatos

City

CA

State

95030

ZIP Code

Legal Services

SIC DESCRIPTION

8111

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

317,900

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



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1782