

CLIENT OPENING SURVEY FORM

Male	Daniel	Rodriguez
MR./MRS./MISS	FIRST NAME	LAST NAME
9034663047		336-467-3095
CONTACT NUMBER	ALTERNATE NUMBER	
	COMPANY DATA BA	ASE
nielrodriguez_19@yahoo.com EMAIL ADDRESS	Wayne Johnson Law Office	waynejohnsonlaw.com WEBSITE URL
EWIAIL ADDRESS	COMPANY NAME	WEDSITE ORL
Po Box 1900		
Address		
Redlands	CA	92373
City	State	ZIP Code
Legal Services		
SIC DESCRIPTION		
8111		Independent
SIC CODE		ENTITY TYPE
Hadan \$500,000		050 800
Under \$500,000 COMPANY SALES		950,800 REVENUE (USD)
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San Bernardino COUNTRY/REGION		YES MEDICAL INSURANCE
COUNTRI/REGION	1	WIEDICAL INSURANCE
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US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island Dr S, Saint Augustine, FL 32080		+1 (904) 117- 1782