

## CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Jutta	Rmyot
MR./MRS./MISS	FIRST NAME	LAST NAME
667-414-1468		667-991-8070
CONTACT NUMBER		ALTERNATE NUMBER
	COMPANY DATA B	BASE
jamyot@gmail.com	Reliance Financial	http://www.reliancefinancial.net
EMAIL ADDRESS	Advisors COMPANY NAME	WEBSITE URL
6200 Brooktree Rd Ste 105		
Address		
Wexford	Pennsylvania	15090-9299
City	State	ZIP Code
Management and Related Consu	ılting Services	
SIC DESCRIPTION		
696		Branch
SIC CODE		ENTITY TYPE
<b>Under \$500,000</b>		67,200.00
COMPANY SALES		REVENUE (USD)
Pennsylvania		YES
COUNTRY/REGION		MEDICAL INSURANCE
<b>Q</b>		•
US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island Dr S, Saint Augustine, FL 32080		+1 (904) 117- 1782