



# CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Johnetta

FIRST NAME

Abdallah

LAST NAME

919-225-9345

CONTACT NUMBER

919-715-3791

ALTERNATE NUMBER

## COMPANY DATA BASE

johnetta\_abdallah@aol.com

EMAIL ADDRESS

Drivers Tu Williams

COMPANY NAME

driverstuwilliams.com

WEBSITE URL

5465 Saloma Ave

Address

Lakewood

City

CA

State

90712

ZIP Code

Accounting, Auditing, and Bookkeeping Services

SIC DESCRIPTION

8721

SIC CODE

Independent

ENTITY TYPE

\$500,000 to \$999,999

COMPANY SALES

75,800.00

REVENUE (USD)

Los Angeles

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