



# CLIENT OPENING SURVEY FORM

Male  
MR./MRS./MISS

Gregory  
FIRST NAME

Crocker  
LAST NAME

8644354639  
CONTACT NUMBER

480-205-5121  
ALTERNATE NUMBER

## COMPANY DATA BASE

gregorycrocker04@gmail.com  
EMAIL ADDRESS

Larry Levine & Assoc  
COMPANY NAME

levineandassociates.com  
WEBSITE URL

13701 Riverside Drive # 604  
Address

Sherman Oaks  
City

CA  
State

91423  
ZIP Code

Public Relations Services  
SIC DESCRIPTION

8743  
SIC CODE

Independent  
ENTITY TYPE

Under \$500,000  
COMPANY SALES

191,300  
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