



# CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Dalene

FIRST NAME

Ridsn

LAST NAME

606-614-6869

CONTACT NUMBER

606-744-7497

ALTERNATE NUMBER

## COMPANY DATA BASE

[dalene.riden@aol.com](mailto:dalene.riden@aol.com)

EMAIL ADDRESS

Jan Medical, Inc.

COMPANY NAME

<http://www.janmedical.com>

WEBSITE URL

800 W El Camino Real Ste 180

Address

Mountain View

City

California

State

94040-2586

ZIP Code

Medical and Surgical Equipment Manufacturing

SIC DESCRIPTION

2412

SIC CODE

Independent

ENTITY TYPE

\$500,000 to \$999,999

COMPANY SALES

40,000.00

REVENUE (USD)

California

COUNTRY/REGION

YES

MEDICAL INSURANCE



US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island  
Dr S, Saint Augustine, FL 32080



+1 (904) 117-  
1782