



CLIENT OPENING SURVEY FORM

Male
MR./MRS./MISS

Aubrey
FIRST NAME

Pauling
LAST NAME

9188995292
CONTACT NUMBER

305-304-6573
ALTERNATE NUMBER

COMPANY DATA BASE

aupoo7@yahoo.com
EMAIL ADDRESS

Coastside Net, Inc.
COMPANY NAME

www.coastside.net
WEBSITE URL

418 Main St
Address

Half Moon Bay
City

CA
State

94019
ZIP Code

Communication
SIC DESCRIPTION

4813
SIC CODE

Independent
ENTITY TYPE

Under \$500,000
COMPANY SALES

400,000.01
REVENUE (USD)

San Mateo
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