



CLIENT OPENING SURVEY FORM

Male
MR./MRS./MISS

Wesley
FIRST NAME

Raymond
LAST NAME

2072675938
CONTACT NUMBER

602-575-3457
ALTERNATE NUMBER

COMPANY DATA BASE

wpr1998@gmail.com
EMAIL ADDRESS

ACE Smog Center
COMPANY NAME

acesmogcheck.com
WEBSITE URL

3941 Park Dr
Address

Ontario
City

CA
State

91764
ZIP Code

Business Services, NEC
SIC DESCRIPTION

NA
SIC CODE

Independent
ENTITY TYPE

Under \$500,000
COMPANY SALES

22,800
REVENUE (USD)

San Bernardino
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