



CLIENT OPENING SURVEY FORM

Female
MR./MRS./MISS

Christina
FIRST NAME

Milem
LAST NAME

5415910122
CONTACT NUMBER

504-635-8518
ALTERNATE NUMBER

COMPANY DATA BASE

trinismom2205@gmail.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