



CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Janine

FIRST NAME

Rhoden

LAST NAME

718-228-5894

CONTACT NUMBER

718-728-5051

ALTERNATE NUMBER

COMPANY DATA BASE

jrhoden@yahoo.com

EMAIL ADDRESS

DMJ SYSTEMS

COMPANY NAME

dmjsystems.com

WEBSITE URL

7832 Santa Monica Blvd

Address

Alta Loma

City

CA

State

91701

ZIP Code

Commercial Printing, Lithographic

SIC DESCRIPTION

NA

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

421,200.01

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



+1 (904) 117-
1782