



# CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Caprice

FIRST NAME

Suell

LAST NAME

615-246-1824

CONTACT NUMBER

615-726-4537

ALTERNATE NUMBER

## COMPANY DATA BASE

caprice@aol.com

EMAIL ADDRESS

Laxlegacylimo

COMPANY NAME

laxlegacylimo.com/

WEBSITE URL

1041 n ogden dr #1, West Holly

Address

Lee Vining

City

CA

State

93541

ZIP Code

Business Services, NEC

SIC DESCRIPTION

NA

SIC CODE

Subsidiary

ENTITY TYPE

Under \$500,000

COMPANY SALES

684,300.01

REVENUE (USD)

Mono

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