



CLIENT OPENING SURVEY FORM

Male
MR./MRS./MISS

Michael
FIRST NAME

French
LAST NAME

7276480817
CONTACT NUMBER

419-313-5571
ALTERNATE NUMBER

COMPANY DATA BASE

m.french15@yahoo.com
EMAIL ADDRESS

Jacobsma & Associates
COMPANY NAME

http://www.jacobsma.com
WEBSITE URL

1508 Olive St Ste B
Address

Paso Robles
City

California
State

93446-2114
ZIP Code

Land Development and Subdivision
SIC DESCRIPTION

3211
SIC CODE

Independent
ENTITY TYPE

Under \$500,000
COMPANY SALES

163,399.99
REVENUE (USD)

California
COUNTRY/REGION

YES
MEDICAL INSURANCE



US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island
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1782