

CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Venita	MRillRrd
MR./MRS./MISS	FIRST NAME	LAST NAME
714-426-6646		714-666-9740
CONTACT NUMBER	ALTERNATE NUMBER	
	COMPANY DATA BA	ASE
enita_maillard@yahoo.com EMAIL ADDRESS	Video Equipment Leasing Assoc	http://www.gvcommunications.com WEBSITE URL
ENIAIL ADDRESS	COMPANY NAME	WEDSITE URL
1433 Powhatan St Address		
Alexandria	Virginia	22314-1343
City	State	ZIP Code
Motion Picture and Video Prod	uction	
SIC DESCRIPTION		
5511	Independent	
SIC CODE		ENTITY TYPE
Under \$500,000		508,800.03
COMPANY SALES		REVENUE (USD)
Virginia		YES
COUNTRY/REGION		MEDICAL INSURANCE
•		•
US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island Dr S, Saint Augustine, FL 32080		+1 (904) 117- 1782