



# CLIENT OPENING SURVEY FORM

Mr

MR./MRS./MISS

Brandon

FIRST NAME

James

LAST NAME

925-634-7158

CONTACT NUMBER

925-541-8521

ALTERNATE NUMBER

## COMPANY DATA BASE

[bjames@bjtrailers.co.uk](mailto:bjames@bjtrailers.co.uk)

EMAIL ADDRESS

Perry Insurance &  
Financial

COMPANY NAME

[perryfn.com](http://perryfn.com)

WEBSITE URL

[655 University Avenue](#)

Address

[Sacramento](#)

City

[CA](#)

State

[95825](#)

ZIP Code

[Insurance Agents, Brokers, and Service](#)

SIC DESCRIPTION

[6411](#)

SIC CODE

[Independent](#)

ENTITY TYPE

[Under \\$500,000](#)

COMPANY SALES

[212,500.01](#)

REVENUE (USD)

[Sacramento](#)

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