

CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Lezlie	CrRghsRd	
MR./MRS./MISS	FIRST NAME	LAST NAME	
919-466-6762		919-884-2446	
CONTACT NUMBER	ALTERNATE NUMBER		
	COMPANY DATA BA	SE	
e.craghead@craghead.org	Chang Sharon	www.sharonchang.com	
EMAIL ADDRESS	COMPANY NAME	WEBSITE URL	
125 Casper Way			
ddress			
Torrance	CA	90505	
City	State	ZIP Code	
ngineering & Management Se	rvices		
IC DESCRIPTION			
8721		Independent	
SIC CODE		ENTITY TYPE	
\$500,000 to \$999,999		500,000	
COMPANY SALES		REVENUE (USD)	
Los Angeles		YES	
COUNTRY/REGION		MEDICAL INSURANCE	
•		•	
JS Hwy 1 S, Saint Augustine, F Dr S, Saint Augustine, FL 32080	· · · · · · · · · · · · · · · · · · ·	+1 (904) 117- 1782	