

CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Howard	PRUIRS
MR./MRS./MISS	FIRST NAME	LAST NAME
606-626-4241		606-692-6118
CONTACT NUMBER		ALTERNATE NUMBER
	COMPANY DATA B	ASE
hpaulas@yahoo.com	Cervantes-Delgado INC	www.cervantes-delgado.com
EMAIL ADDRESS	COMPANY NAME	WEBSITE URL
214 Main St		
Address		
Brea	CA	92821
City	State	ZIP Code
Wholesale Trade-Nondurable (Goods	
SIC DESCRIPTION		
5169		Independent
SIC CODE		ENTITY TYPE
\$1,000,000 to \$4,999,999)	29,000.00
COMPANY SALES		REVENUE (USD)
Orange		YES
COUNTRY/REGION		MEDICAL INSURANCE
•)	<u>©</u>
US Hwy 1 S, Saint Augustine, I	· · · · · · · · · · · · · · · · · · ·	+1 (904) 117- 1782