



CLIENT OPENING SURVEY FORM

Female

MR./MRS./MISS

Stephanie

FIRST NAME

Hollomon

LAST NAME

7726343064

CONTACT NUMBER

410-957-6903

ALTERNATE NUMBER

COMPANY DATA BASE

stephdh10@yahoo.com

EMAIL ADDRESS

Charles G Rojas INC

COMPANY NAME

www.1stchoicepestmanagement.com

WEBSITE URL

1245 Reamwood Ave

Address

Vista

City

CA

State

92084

ZIP Code

Business Services

SIC DESCRIPTION

7342

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

165,500

REVENUE (USD)

San Diego

COUNTRY/REGION

YES

MEDICAL INSURANCE



US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island
Dr S, Saint Augustine, FL 32080



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