



CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Skye

FIRST NAME

Fillingim

LAST NAME

612-408-2644

CONTACT NUMBER

612-664-6604

ALTERNATE NUMBER

COMPANY DATA BASE

skye_fillingim@yahoo.com

EMAIL ADDRESS

Copper Repipe 4 Less

COMPANY NAME

www.johnnelsonplumbing.com

WEBSITE URL

2534 Foothill Blvd

Address

La Crescenta

City

CA

State

91214

ZIP Code

Special Trade Contractors

SIC DESCRIPTION

1711

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

735,899.98

REVENUE (USD)

Los Angeles

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