



# CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Lavera

FIRST NAME

Psrin

LAST NAME

604-606-7291

CONTACT NUMBER

604-994-2078

ALTERNATE NUMBER

## COMPANY DATA BASE

lperin@perin.org

EMAIL ADDRESS

Torgerson Noel

COMPANY NAME

lawfriend.com

WEBSITE URL

535 Anton Boulevard # 810

Address

Costa Mesa

City

CA

State

92626

ZIP Code

Legal Services

SIC DESCRIPTION

8111

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

881,399.99

REVENUE (USD)

Orange

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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1782