



CLIENT OPENING SURVEY FORM

Mr

MR./MRS./MISS

B

FIRST NAME

Frost

LAST NAME

214-289-1973

CONTACT NUMBER

214-785-6750

ALTERNATE NUMBER

COMPANY DATA BASE

bryanfrost@cecamid.co.uk

EMAIL ADDRESS

Cosmetic And Holistic
Dentistry

COMPANY NAME

www.brightleafdental.com

WEBSITE URL

3960 Walnut Dr

Address

Santa Monica

City

CA

State

90404

ZIP Code

Miscellaneous Retail

SIC DESCRIPTION

5999

SIC CODE

Independent

ENTITY TYPE

\$5,000,000 to \$9,999,999

COMPANY SALES

230,299.99

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