



# CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Elvera

FIRST NAME

osnimRdho

LAST NAME

408-706-8404

CONTACT NUMBER

408-440-8447

ALTERNATE NUMBER

## COMPANY DATA BASE

[elvera.benimadho@cox.net](mailto:elvera.benimadho@cox.net)

EMAIL ADDRESS

Metro Center

COMPANY NAME

[waxcenter.com/ca-foster-city](http://waxcenter.com/ca-foster-city)

WEBSITE URL

17742 Irvine Blvd

Address

San Mateo

City

CA

State

94404

ZIP Code

[Operators of Nonresidential Buildings](#)

SIC DESCRIPTION

6512

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

637,899.99

REVENUE (USD)

San Mateo

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