



# CLIENT OPENING SURVEY FORM

Ms

MR./MRS./MISS

Ruby

FIRST NAME

Bhattel

LAST NAME

760-591-3733

CONTACT NUMBER

760-272-8321

ALTERNATE NUMBER

## COMPANY DATA BASE

[ruby.bhattal@nottinghamcity.gov.uk](mailto:ruby.bhattal@nottinghamcity.gov.uk)

EMAIL ADDRESS

[Great Northern Electric](#)

COMPANY NAME

<http://www.greatnorthernelectric.com>

WEBSITE URL

[7861 Ne Day Rd W Ste 202](#)

Address

[Bainbridge Island](#)

City

[Washington](#)

State

[98110-6219](#)

ZIP Code

[Electrical Services](#)

SIC DESCRIPTION

[3232](#)

SIC CODE

[Independent](#)

ENTITY TYPE

[\\$500,000 to \\$999,999](#)

COMPANY SALES

[165,500](#)

REVENUE (USD)

[Washington](#)

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