

CLIENT OPENING SURVEY FORM

Female	Jennifer	Martinez
MR./MRS./MISS	FIRST NAME	LAST NAME
4752351766		985-261-5783
CONTACT NUMBER		ALTERNATE NUMBER
	COMPANY DATA BA	ASE
atimoyam@gmail.com EMAIL ADDRESS	Lehigh Cement Company LLC COMPANY NAME	http://www.lehighhanson.com WEBSITE URL
7660 Imperial Way Fl 4	COMPANT NAME	
Address		
Allentown	Pennsylvania	18195-1016
City	State	ZIP Code
Cement and Lime Manufacturin	g	
SIC DESCRIPTION		
2031		Independent
SIC CODE		ENTITY TYPE
Under \$500,000		150,400
COMPANY SALES		REVENUE (USD)
Pennsylvania		YES
COUNTRY/REGION		MEDICAL INSURANCE
US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island Dr S, Saint Augustine, FL 32080		•
		+1 (904) 117- 1782