



CLIENT OPENING SURVEY FORM

Mr

MR./MRS./MISS

D

FIRST NAME

Ganev

LAST NAME

858-617-1630

CONTACT NUMBER

858-342-9274

ALTERNATE NUMBER

COMPANY DATA BASE

carina@babimax.demon.co.uk

EMAIL ADDRESS

[Classic Cosmetics, Inc.](#)

COMPANY NAME

www.classiccosmetics.com

WEBSITE URL

[305 Arneill Rd](#)

Address

NA

City

NA

State

NA

ZIP Code

[Chemicals and Allied Products](#)

SIC DESCRIPTION

2844

SIC CODE

[Independent](#)

ENTITY TYPE

[Under \\$500,000](#)

COMPANY SALES

[245,100.01](#)

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