



CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Louvenia

FIRST NAME

ossch

LAST NAME

610-820-2117

CONTACT NUMBER

610-642-2679

ALTERNATE NUMBER

COMPANY DATA BASE

louvenia.beech@beech.com

EMAIL ADDRESS

Blinkers On

COMPANY NAME

<http://www.blinkerson.com>

WEBSITE URL

2010 Crow Canyon Pl

Address

San Ramon

City

California

State

94583-4634

ZIP Code

Sports and Physical Recreation Clubs and Sports Professionals

SIC DESCRIPTION

9112

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

500,000

REVENUE (USD)

California

COUNTRY/REGION

YES

MEDICAL INSURANCE



US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island
Dr S, Saint Augustine, FL 32080



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1782