



# CLIENT OPENING SURVEY FORM

Female  
MR./MRS./MISS

Amanda  
FIRST NAME

Howard  
LAST NAME

4708486947  
CONTACT NUMBER

908-448-1209  
ALTERNATE NUMBER

## COMPANY DATA BASE

stylist.ab.xo@gmail.com  
EMAIL ADDRESS

Covina Chiropractor  
COMPANY NAME

www.covinachiro.com  
WEBSITE URL

1255 W San Bernardino Rd  
Address

Covina  
City

CA  
State

91722  
ZIP Code

Health Services  
SIC DESCRIPTION

8041  
SIC CODE

Independent  
ENTITY TYPE

\$500,000 to \$999,999  
COMPANY SALES

22,800  
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