

CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Elvera	Benimadho
MR./MRS./MISS	FIRST NAME	LAST NAME
408-703-8505		408-440-8447
CONTACT NUMBER		ALTERNATE NUMBER
	COMPANY DATA E	BASE
lvera.benimadho@cox.net	Metro Center	waxcenter.com/ca-foster-city
EMAIL ADDRESS	COMPANY NAME	WEBSITE URL
17742 Irvine Blvd		
Address		
San Mateo	CA	94404
City	State	ZIP Code
Operators of Nonresidential Bui	ldings	
SIC DESCRIPTION		
6512	<u></u>	Independent
SIC CODE		ENTITY TYPE
Under \$500,000		637,899.99
COMPANY SALES		REVENUE (USD)
San Mateo		YES
COUNTRY/REGION		MEDICAL INSURANCE
•		<u>.</u>
US Hwy 1 S, Saint Augustine, Fl Dr S, Saint Augustine, FL 32080	•	+1 (904) 117- 1782