



# CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Carin

FIRST NAME

Dslso

LAST NAME

401-608-1040

CONTACT NUMBER

401-409-6072

ALTERNATE NUMBER

## COMPANY DATA BASE

cdeleo@deleo.com

EMAIL ADDRESS

Cosmetic And Holistic  
Dentistry

COMPANY NAME

www.brightleafdental.com

WEBSITE URL

3960 Walnut Dr

Address

Santa Monica

City

CA

State

90404

ZIP Code

Miscellaneous Retail

SIC DESCRIPTION

5999

SIC CODE

Independent

ENTITY TYPE

\$5,000,000 to \$9,999,999

COMPANY SALES

230,299.99

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