



# CLIENT OPENING SURVEY FORM

Mr

MR./MRS./MISS

Alan

FIRST NAME

Peake

LAST NAME

619-585-5650

CONTACT NUMBER

619-948-3955

ALTERNATE NUMBER

## COMPANY DATA BASE

[info@moorsglass.co.uk](mailto:info@moorsglass.co.uk)

EMAIL ADDRESS

[Aurora Senior Residents](#)

COMPANY NAME

<http://www.aurora.edu>

WEBSITE URL

[2007 W Downer Pl](#)

Address

[Aurora](#)

City

[Illinois](#)

State

[60506-4667](#)

ZIP Code

[Residential Property Operators](#)

SIC DESCRIPTION

[6711](#)

SIC CODE

[Independent](#)

ENTITY TYPE

[\\$500,000 to \\$999,999](#)

COMPANY SALES

[22,800](#)

REVENUE (USD)

[Illinois](#)

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