

CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Leota	Ragel
MR./MRS./MISS	FIRST NAME	LAST NAME
706-221-4243		706-616-5131
CONTACT NUMBER		ALTERNATE NUMBER
	COMPANY DATA I	BASE
leota.ragel@gmail.com EMAIL ADDRESS	Central Jersey Trailer & Hitch, LLC COMPANY NAME	http://www.hitchone.com WEBSITE URL
45 Fourth St		
Address		
Somerville	New Jersey	08876-3205
City	State	ZIP Code
Trailer and Other Motor Vehic	le Retailing	
SIC DESCRIPTION		
3913		Independent
SIC CODE		ENTITY TYPE
Under \$500,000		535,000.03
COMPANY SALES		REVENUE (USD)
New Jersey		YES
COUNTRY/REGION		MEDICAL INSURANCE
•		•
US Hwy 1 S, Saint Augustine, F Dr S, Saint Augustine, FL 3208	+1 (904) 117- 1782	