



CLIENT OPENING SURVEY FORM

Mr

MR./MRS./MISS

R

FIRST NAME

Birn

LAST NAME

951-320-6345

CONTACT NUMBER

909-208-9662

ALTERNATE NUMBER

COMPANY DATA BASE

sales@s-r-a.com

EMAIL ADDRESS

Coastside Net, Inc.

COMPANY NAME

www.coastside.net

WEBSITE URL

418 Main St

Address

Half Moon Bay

City

CA

State

94019

ZIP Code

Communication

SIC DESCRIPTION

4813

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

400,000.01

REVENUE (USD)

San Mateo

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