



# CLIENT OPENING SURVEY FORM

Female

MR./MRS./MISS

Rosa

FIRST NAME

Cromeans

LAST NAME

9154973254

CONTACT NUMBER

617-697-6024

ALTERNATE NUMBER

## COMPANY DATA BASE

[r\\_cromeans@yahoo.com](mailto:r_cromeans@yahoo.com)

EMAIL ADDRESS

[Cemetery360, Inc.](#)

COMPANY NAME

[www.cemetery360.com](http://www.cemetery360.com)

WEBSITE URL

[1900 Danbrook Dr](#)

Address

[Sacramento](#)

City

[CA](#)

State

[95835](#)

ZIP Code

[Business Services](#)

SIC DESCRIPTION

[7389](#)

SIC CODE

[Independent](#)

ENTITY TYPE

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

COMPANY SALES

[188,100](#)

REVENUE (USD)

[Sacramento](#)

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