



CLIENT OPENING SURVEY FORM

Female

MR./MRS./MISS

Megan

FIRST NAME

Frye

LAST NAME

9185338408

CONTACT NUMBER

419-254-4591

ALTERNATE NUMBER

COMPANY DATA BASE

thomascARRIER44@gmail.com

EMAIL ADDRESS

Solex Accounting

COMPANY NAME

http://www.solexaccounting.com

WEBSITE URL

1205 E Buffalo St

Address

Chandler

City

Arizona

State

85225-5732

ZIP Code

Accounting Services

SIC DESCRIPTION

6932

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

473,199.99

REVENUE (USD)

Arizona

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