

CLIENT OPENING SURVEY FORM

remaie	Jessica	nomes	
MR./MRS./MISS	FIRST NAME	LAST NAME	
8643092641		856-264-4130	
CONTACT NUMBER	ALTERNATE NUMBER		
	COMPANY DATA BASE		
icaholmes4374398@gmail.com	Cervantes-Delgado INC	www.cervantes-delgado.co	
EMAIL ADDRESS	COMPANY NAME	WEBSITE URL	
214 Main St			
Address			
Brea	CA	92821	
City	State	ZIP Code	
Wholesale Trade-Nondurable G	oods		
SIC DESCRIPTION			
5169	Independent		
SIC CODE	ENTITY TYPE		
\$1,000,000 to \$4,999,999	29,000.00		
COMPANY SALES	REVENUE (USD)		
Orange	YES		
COUNTRY/REGION	MEDICAL INSURANCE		
•		•	
US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island Dr S, Saint Augustine, FL 32080		+1 (904) 117- 1782	