



# CLIENT OPENING SURVEY FORM

Mr

MR./MRS./MISS

G

FIRST NAME

John

LAST NAME

909-477-2828

CONTACT NUMBER

909-816-3051

ALTERNATE NUMBER

## COMPANY DATA BASE

[enquiries@celticeng.co.uk](mailto:enquiries@celticeng.co.uk)

EMAIL ADDRESS

Allexcel, Inc.

COMPANY NAME

<http://www.allexcel.com>

WEBSITE URL

135 Wood St, Ste 200

Address

West Haven

City

Connecticut

State

06516-3700

ZIP Code

Software Publishing

SIC DESCRIPTION

5420

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

36,800.00

REVENUE (USD)

Connecticut

COUNTRY/REGION

YES

MEDICAL INSURANCE



US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island  
Dr S, Saint Augustine, FL 32080



+1 (904) 117-  
1782