



# CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Willard

FIRST NAME

Iolmstz

LAST NAME

214-907-9111

CONTACT NUMBER

214-794-4419

ALTERNATE NUMBER

## COMPANY DATA BASE

willard@gmail.com

EMAIL ADDRESS

Law Offices Of Samer  
Habbas

COMPANY NAME

habbaspilaw.com/city/orange-  
county/

WEBSITE URL

18 Stream St

Address

Irvine

City

CA

State

92618

ZIP Code

Legal Services

SIC DESCRIPTION

NA

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

777,199.98

REVENUE (USD)

Orange

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