



CLIENT OPENING SURVEY FORM

Male
MR./MRS./MISS

James
FIRST NAME

Bartmess
LAST NAME

6024711215
CONTACT NUMBER

206-395-6284
ALTERNATE NUMBER

COMPANY DATA BASE

rickyroach001@gmail.com
EMAIL ADDRESS

DMJ SYSTEMS
COMPANY NAME

dmjsystems.com
WEBSITE URL

7832 Santa Monica Blvd
Address

Alta Loma
City

CA
State

91701
ZIP Code

Commercial Printing, Lithographic
SIC DESCRIPTION

NA
SIC CODE

Independent
ENTITY TYPE

Under \$500,000
COMPANY SALES

421,200.01
REVENUE (USD)

San Bernardino
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