



CLIENT OPENING SURVEY FORM

Mr./Mrs./Miss

MR./MRS./MISS

Nicolette

FIRST NAME

Brossart

LAST NAME

508-837-9230

CONTACT NUMBER

508-504-6388

ALTERNATE NUMBER

COMPANY DATA BASE

nicolette_brossart@brossart.com

EMAIL ADDRESS

[Champion Lumber CO](#)

COMPANY NAME

www.championlumber.net

WEBSITE URL

[1313 Chicago Ave](#)

Address

[Riverside](#)

City

[CA](#)

State

[92507](#)

ZIP Code

[Building Materials & Garden Supplies](#)

SIC DESCRIPTION

[5211](#)

SIC CODE

[Independent](#)

ENTITY TYPE

[Under \\$500,000](#)

COMPANY SALES

[68,000.00](#)

REVENUE (USD)

[Riverside](#)

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