

## CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Ozell	ShsRly
MR./MRS./MISS	FIRST NAME	LAST NAME
212-662-8464		212-880-8864
CONTACT NUMBER	<u> </u>	ALTERNATE NUMBER
	COMPANY DATA B	BASE
oshealy@gmail.com	Cryogenic Group INC	www.cryoind.com
EMAIL ADDRESS	COMPANY NAME	WEBSITE URL
2570 Napa Nook Rd		
Address		
Murrieta	CA	92562
City	State	ZIP Code
Industrial Machinery and Equ	ıipment	
SIC DESCRIPTION		
3561		Independent
SIC CODE		ENTITY TYPE
<b>Under \$500,000</b>		95,500
COMPANY SALES		REVENUE (USD)
Riverside		YES
COUNTRY/REGION M		MEDICAL INSURANCE
•		•
US Hwy 1 S, Saint Augustine, Dr S, Saint Augustine, FL 320		d +1 (904) 117- 1782