



CLIENT OPENING SURVEY FORM

Mrs.
MR./MRS./MISS

M.
FIRST NAME

Dixon,
LAST NAME

714-940-3653
CONTACT NUMBER

714-423-6678
ALTERNATE NUMBER

COMPANY DATA BASE

swilmax@aol.com
EMAIL ADDRESS

City Employees Club Of
La
COMPANY NAME

www.cityemployeeclub.com
WEBSITE URL

350 S Figueroa St
Address

Los Angeles
City

CA
State

90071
ZIP Code

Membership Organizations
SIC DESCRIPTION

8611
SIC CODE

Independent
ENTITY TYPE

Under \$500,000
COMPANY SALES

508,800.03
REVENUE (USD)

Los Angeles
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