

CLIENT OPENING SURVEY FORM

remaie	June	norvatii	
MR./MRS./MISS	FIRST NAME	LAST NAME	
4404533672		503-909-7167	
CONTACT NUMBER		ALTERNATE NUMBER	
	COMPANY DATA BA	SE	
orvath.julie@yahoo.com EMAIL ADDRESS	Clinimetrics Research Associates, INC	www.clinimetrics.com WEBSITE URL	
	COMPANY NAME	WEBSITE ORE	
285 Hellyer Ave			
Address			
San Jose	CA	95138	
City	State	ZIP Code	
Engineering & Management So	ervices		
SIC DESCRIPTION			
9721		Indopendent	
8731 SIC CODE		Independent ENTITY TYPE	
Under \$500,000		138,600.01	
COMPANY SALES		REVENUE (USD)	
Santa Clara		YES	
COUNTRY/REGION		MEDICAL INSURANCE	
•		•	
US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island Dr S, Saint Augustine, FL 32080		+1 (904) 117- 1782	