



# CLIENT OPENING SURVEY FORM

Mr./Mrs./Miss

MR./MRS./MISS

Nu

FIRST NAME

McnsRss

LAST NAME

976-741-9006

CONTACT NUMBER

976-906-4174

ALTERNATE NUMBER

## COMPANY DATA BASE

nu@yahoo.com

EMAIL ADDRESS

ACE Smog Center

COMPANY NAME

acesmogcheck.com

WEBSITE URL

3941 Park Dr

Address

Ontario

City

CA

State

91764

ZIP Code

Business Services, NEC

SIC DESCRIPTION

NA

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

22,800

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