



# CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Elke

FIRST NAME

Sengbusch

LAST NAME

602-896-2993

CONTACT NUMBER

602-575-3457

ALTERNATE NUMBER

## COMPANY DATA BASE

elke\_sengbusch@yahoo.com

EMAIL ADDRESS

Larry Levine & Assoc

COMPANY NAME

levineandassociates.com

WEBSITE URL

13701 Riverside Drive # 604

Address

Sherman Oaks

City

CA

State

91423

ZIP Code

Public Relations Services

SIC DESCRIPTION

8743

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

191,300

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