

CLIENT OPENING SURVEY FORM

Mr.	M.J.	Kite,	
MR./MRS./MISS	FIRST NAME	LAST NAME	
858-974-2187	619-818-2396 ALTERNATE NUMBER		
CONTACT NUMBER			
	COMPANY DATA BAS	SE	
AdamHirst@welsh-	Drivers Tu Williams	driverstuwilliams.com	
homes.co.uk EMAIL ADDRESS	COMPANY NAME	WEBSITE URL	
465 Saloma Ave			
Address			
Lakewood	CA	90712	
City	State	ZIP Code	
Accounting, Auditing, and Boo	kkeeping Services		
IC DESCRIPTION			
8721		Independent	
SIC CODE	ENTITY TYPE		
\$500,000 to \$999,999	75,800.00		
COMPANY SALES		REVENUE (USD)	
Los Angeles		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	