



CLIENT OPENING SURVEY FORM

Mr

MR./MRS./MISS

B

FIRST NAME

Neil

LAST NAME

858-513-2822

CONTACT NUMBER

858-344-1916

ALTERNATE NUMBER

COMPANY DATA BASE

millforge@aol.com

EMAIL ADDRESS

Petal Pushers Inc

COMPANY NAME

http://www.bp.com

WEBSITE URL

102 Bayshore Dr

Address

Amarillo

City

Texas

State

79118-4421

ZIP Code

Flower Retailing

SIC DESCRIPTION

4274

SIC CODE

Independent

ENTITY TYPE

\$5,000,000 to \$9,999,999

COMPANY SALES

212,800

REVENUE (USD)

Texas

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