



CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Portia

FIRST NAME

Stimmel

LAST NAME

908-722-7128

CONTACT NUMBER

908-670-4712

ALTERNATE NUMBER

COMPANY DATA BASE

portia.stimmel@aol.com

EMAIL ADDRESS

Carnivalia

COMPANY NAME

www.dolphindream.com

WEBSITE URL

1437 N Broadway

Address

Walnut Creek

City

CA

State

94596

ZIP Code

Miscellaneous Manufacturing Industries

SIC DESCRIPTION

3952

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

1,125,200

REVENUE (USD)

Contra Costa

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