

CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Golda	Kaniecki	
MR./MRS./MISS	FIRST NAME	LAST NAME	
732-628-9909		732-617-5310	
CONTACT NUMBER	ALTERNATE NUMBER		
	COMPANY DATA B.	ASE	
lda_kaniecki@yahoo.com	Receivers Inc	receiversinc.com	
EMAIL ADDRESS	COMPANY NAME	WEBSITE URL	
5700 Winchester Boulevard			
ddress			
Los Gatos	CA	95030	
City	State	ZIP Code	
egal Services			
IC DESCRIPTION			
8111		Independent	
SIC CODE		ENTITY TYPE	
Under \$500,000		317,900	
COMPANY SALES		REVENUE (USD)	
Santa Clara		YES	
COUNTRY/REGION		MEDICAL INSURANCE	
Q		<u> </u>	
JS Hwy 1 S, Saint Augustine, F Dr S, Saint Augustine, FL 3208		+1 (904) 117- 1782	