

## CLIENT OPENING SURVEY FORM

$\mathbf{Mr}$	I	Cohen
MR./MRS./MISS	FIRST NAME	LAST NAME
760-458-9302		760-458-9302
CONTACT NUMBER		ALTERNATE NUMBER
	COMPANY DATA I	BASE
info@blp.com	DMJ SYSTEMS	dmjsystems.com
EMAIL ADDRESS	COMPANY NAME	WEBSITE URL
832 Santa Monica Blvd		
Address		
Alta Loma	CA	91701
City	State	ZIP Code
Commercial Printing, Lithogra	aphic	
IC DESCRIPTION		
NA		Independent
SIC CODE		ENTITY TYPE
<b>Under \$500,000</b>		421,200.01
COMPANY SALES		REVENUE (USD)
San Bernardino		YES
COUNTRY/REGION		MEDICAL INSURANCE
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JS Hwy 1 S, Saint Augustine, I Dr S, Saint Augustine, FL 3208		d +1 (904) 117- 1782