



# CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Dalene

FIRST NAME

Schoeneck

LAST NAME

215-268-1275

CONTACT NUMBER

215-380-8820

ALTERNATE NUMBER

## COMPANY DATA BASE

[dalene@schoeneck.org](mailto:dalene@schoeneck.org)

EMAIL ADDRESS

[Laxlegacylimo](#)

COMPANY NAME

[laxlegacylimo.com/](http://laxlegacylimo.com/)

WEBSITE URL

[1041 n ogden dr #1, West Holly](#)

Address

[Lee Vining](#)

City

[CA](#)

State

[93541](#)

ZIP Code

[Business Services, NEC](#)

SIC DESCRIPTION

[NA](#)

SIC CODE

[Subsidiary](#)

ENTITY TYPE

[Under \\$500,000](#)

COMPANY SALES

[684,300.01](#)

REVENUE (USD)

[Mono](#)

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