



CLIENT OPENING SURVEY FORM

Mr

MR./MRS./MISS

D.

FIRST NAME

Merry

LAST NAME

619-641-0049

CONTACT NUMBER

619-208-4139

ALTERNATE NUMBER

COMPANY DATA BASE

sales@djmeng.co.uk

EMAIL ADDRESS

Circle Marina Car
Wash INC

COMPANY NAME

www.circlemarinacarwash.com

WEBSITE URL

[350 S Figueroa St](#)

Address

[Long Beach](#)

City

[CA](#)

State

[90804](#)

ZIP Code

[Auto Repair, Services, and Parking](#)

SIC DESCRIPTION

[7542](#)

SIC CODE

[Independent](#)

ENTITY TYPE

[\\$1,000,000 to \\$4,999,999](#)

COMPANY SALES

[954,699.99](#)

REVENUE (USD)

[Los Angeles](#)

COUNTRY/REGION

[YES](#)

MEDICAL INSURANCE



US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island
Dr S, Saint Augustine, FL 32080



+1 (904) 117-
1782