



CLIENT OPENING SURVEY FORM

Mr./Mrs./Miss

MR./MRS./MISS

Nu

FIRST NAME

Mcnease

LAST NAME

973-751-9003

CONTACT NUMBER

973-903-4175

ALTERNATE NUMBER

COMPANY DATA BASE

nu@gmail.com

EMAIL ADDRESS

ACE Smog Center

COMPANY NAME

acesmogcheck.com

WEBSITE URL

3941 Park Dr

Address

Ontario

City

CA

State

91764

ZIP Code

Business Services, NEC

SIC DESCRIPTION

NA

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

22,800

REVENUE (USD)

San Bernardino

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