



CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

My

FIRST NAME

Rantanen

LAST NAME

215-491-5633

CONTACT NUMBER

215-647-2158

ALTERNATE NUMBER

COMPANY DATA BASE

my@hotmail.com

EMAIL ADDRESS

Contact

COMPANY NAME

www.ewineinfo.com

WEBSITE URL

1471 Glenbrook Dr

Address

Santa Rosa

City

CA

State

95401

ZIP Code

Business Services

SIC DESCRIPTION

7334

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

38,200.00

REVENUE (USD)

Sonoma

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