

CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Glen	oRrtolst	
MR./MRS./MISS	FIRST NAME	LAST NAME	
206-697-4796		206-689-1482	
CONTACT NUMBER		ALTERNATE NUMBER	
	COMPANY DATA I	BASE	
len_bartolet@gmail.com	Camp Joy	www.joycamp.com	
EMAIL ADDRESS	COMPANY NAME	WEBSITE URL	
31 Camp Joy Rd			
Address			
Boulder Creek	CA	95006	
City	State	ZIP Code	
Wholesale Trade-Nondurable G	oods		
SIC DESCRIPTION			
5148		Independent	
SIC CODE		ENTITY TYPE	
Under \$500,000		177,000	
COMPANY SALES		REVENUE (USD)	
Santa Cruz		YES	
COUNTRY/REGION		MEDICAL INSURANCE	
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US Hwy 1 S, Saint Augustine, Fl Dr S, Saint Augustine, FL 32080		d +1 (904) 117- 1782	