



# CLIENT OPENING SURVEY FORM

Mr

MR./MRS./MISS

MN

FIRST NAME

Richards

LAST NAME

336-670-2640

CONTACT NUMBER

336-364-6037

ALTERNATE NUMBER

## COMPANY DATA BASE

[enquiries@metcalfcatering.demon.co.uk](mailto:enquiries@metcalfcatering.demon.co.uk)

EMAIL ADDRESS

A Piece of Peace

COMPANY NAME

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

WEBSITE URL

3819 23rd St

Address

San Francisco

City

CA

State

94114

ZIP Code

Business Services, NEC

SIC DESCRIPTION

7389

SIC CODE

Independent

ENTITY TYPE

\$1,000,000 to \$4,999,999

COMPANY SALES

100,000

REVENUE (USD)

San Francisco

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