



CLIENT OPENING SURVEY FORM

Female

MR./MRS./MISS

Samantha

FIRST NAME

Rose

LAST NAME

8288031392

CONTACT NUMBER

508-315-3867

ALTERNATE NUMBER

COMPANY DATA BASE

sammyyag@gmail.com

EMAIL ADDRESS

Community Access
Center

COMPANY NAME

www.ilcac.org

WEBSITE URL

6848 Magnolia Ave

Address

Riverside

City

CA

State

92506

ZIP Code

Membership Organizations

SIC DESCRIPTION

8621

SIC CODE

Independent

ENTITY TYPE

\$5,000,000 to \$9,999,999

COMPANY SALES

690,699.99

REVENUE (USD)

Riverside

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