



CLIENT OPENING SURVEY FORM

Mr./Mrs./Miss

MR./MRS./MISS

Micaela

FIRST NAME

Rhymes

LAST NAME

925-647-3298

CONTACT NUMBER

925-522-7798

ALTERNATE NUMBER

COMPANY DATA BASE

micaela_rhymes@gmail.com

EMAIL ADDRESS

[locksmith-los-alamitos](#)

COMPANY NAME

locksmith-los-alamitos.com

WEBSITE URL

[3150 De La Cruz Blvd](#)

Address

[Whittier](#)

City

[CA](#)

State

[90601](#)

ZIP Code

[Business Services, NEC](#)

SIC DESCRIPTION

[NA](#)

SIC CODE

[Independent](#)

ENTITY TYPE

[Under \\$500,000](#)

COMPANY SALES

[128,600.00](#)

REVENUE (USD)

[Los Angeles](#)

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