



# CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Carmelina

FIRST NAME

LindRll

LAST NAME

606-724-7671

CONTACT NUMBER

606-874-4160

ALTERNATE NUMBER

## COMPANY DATA BASE

carmelina\_lindall@lindall.com

EMAIL ADDRESS

William C Lewis Law  
Offices

COMPANY NAME

williamclewis.com

WEBSITE URL

11292 N Alpine Rd

Address

Palo Alto

City

CA

State

94303

ZIP Code

Legal Services

SIC DESCRIPTION

8111

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

140,000

REVENUE (USD)

San Mateo

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