

CLIENT OPENING SURVEY FORM

Mr.	P.	Setchell
MR./MRS./MISS	FIRST NAME	LAST NAME
626-821-6145		626-255-4006
CONTACT NUMBER	ALTERNATE NUMBER	
	COMPANY DATA B	SASE
enquiries@tangi-	Terminix Service Inc	local torminis com
flow.com	COMPANY NAME	local.terminix.com WEBSITE URL
EMAIL ADDRESS	COMIANT NAME	WEDSITE ORL
920 Whitley Ave		
Address		
Sacramento	CA	95821
City	State	ZIP Code
Disinfecting and Pest Control So	ervices	
IC DESCRIPTION		
7342		Independent
SIC CODE		ENTITY TYPE
Under \$500,000		95,500
COMPANY SALES		REVENUE (USD)
Sacramento		YES
COUNTRY/REGION		MEDICAL INSURANCE
•		<u>©</u>
US Hwy 1 S, Saint Augustine, F. Dr S, Saint Augustine, FL 32080		+1 (904) 117- 1782