



# CLIENT OPENING SURVEY FORM

Male  
MR./MRS./MISS

Raymond  
FIRST NAME

Merrill  
LAST NAME

7155660223  
CONTACT NUMBER

719-547-9543  
ALTERNATE NUMBER

## COMPANY DATA BASE

random\_6579840335@example.com  
EMAIL ADDRESS

Krazan & Assoc  
COMPANY NAME

krazan.com  
WEBSITE URL

305 Conor Ct  
Address

Bakersfield  
City

CA  
State

93307  
ZIP Code

Business Consulting Services, NEC  
SIC DESCRIPTION

8748  
SIC CODE

Independent  
ENTITY TYPE

\$500,000 to \$999,999  
COMPANY SALES

118,700  
REVENUE (USD)

Kern  
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