

CLIENT OPENING SURVEY FORM

| Mr/Mrs/Miss | Meaghan | GRrufi |
|--|-------------------|-------------------------|
| MR./MRS./MISS | FIRST NAME | LAST NAME |
| 961-616-9664 | | 961-264-7949 |
| CONTACT NUMBER | ALTERNATE NUMBER | |
| | COMPANY DATA I | BASE |
| meaghan@gmail.com | Receivers Inc | receiversinc.com |
| EMAIL ADDRESS | COMPANY NAME | WEBSITE URL |
| 15700 Winchester Boulevard | | |
| Address | | |
| Los Gatos | CA | 95030 |
| City | State | ZIP Code |
| Legal Services | | |
| SIC DESCRIPTION | | |
| 8111 | | Independent |
| SIC CODE | | ENTITY TYPE |
| Under \$500,000 | | 317,900 |
| COMPANY SALES | | REVENUE (USD) |
| Santa Clara | | YES |
| COUNTRY/REGION | MEDICAL INSURANCE | |
| | | |
| • | | • |
| US Hwy 1 S, Saint Augustine, Fl Dr S, Saint Augustine, FL 32080 | • | d +1 (904) 117- 1782 |