

CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Paris	Wids
MR./MRS./MISS	FIRST NAME	LAST NAME
404-404-4444		404-607-8464
CONTACT NUMBER		ALTERNATE NUMBER
	COMPANY DATA I	BASE
	Aleks Istanbullu	http://www.ci.combitocta.com
paris@gmail.com EMAIL ADDRESS	Architect COMPANY NAME	http://www.ai-architects.com WEBSITE URL
1659 11Th St Ste 200		
Address		
Santa Monica	California	90404-3739
City	State	ZIP Code
Non-Residential Property Opera	ators	
SIC DESCRIPTION		
6712		Independent
SIC CODE		ENTITY TYPE
Under \$500,000		140,000
COMPANY SALES		REVENUE (USD)
California		YES
COUNTRY/REGION		MEDICAL INSURANCE
•		•
US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island Dr S, Saint Augustine, FL 32080		+1 (904) 117- 1782