



CLIENT OPENING SURVEY FORM

Male
MR./MRS./MISS

Jeanina
FIRST NAME

Dayton
LAST NAME

2397451422
CONTACT NUMBER

951-248-6822
ALTERNATE NUMBER

COMPANY DATA BASE

jbd3427@gmail.com
EMAIL ADDRESS

Petal Pushers Inc
COMPANY NAME

http://www.bp.com
WEBSITE URL

102 Bayshore Dr
Address

Amarillo
City

Texas
State

79118-4421
ZIP Code

Flower Retailing
SIC DESCRIPTION

4274
SIC CODE

Independent
ENTITY TYPE

\$5,000,000 to \$9,999,999
COMPANY SALES

212,800
REVENUE (USD)

Texas
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