



CLIENT OPENING SURVEY FORM

Female
MR./MRS./MISS

Fountain
FIRST NAME

Smith Jr
LAST NAME

2547331563
CONTACT NUMBER

847-613-5866
ALTERNATE NUMBER

COMPANY DATA BASE

fountainsmithjr@gmail.com
EMAIL ADDRESS

Woods Pest Control
COMPANY NAME

woodspest.com/
WEBSITE URL

180 Newport Center Dr
Address

Sanger
City

CA
State

93657
ZIP Code

Disinfecting and Pest Control Services
SIC DESCRIPTION

NA
SIC CODE

Parent
ENTITY TYPE

Under \$500,000
COMPANY SALES

45,000.00
REVENUE (USD)

Fresno
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