



# CLIENT OPENING SURVEY FORM

Mr

MR./MRS./MISS

Tony

FIRST NAME

Phillips

LAST NAME

7604896119

CONTACT NUMBER

7608814321

ALTERNATE NUMBER

## COMPANY DATA BASE

tony@phillips-export-  
training.co.uk

EMAIL ADDRESS

Amn Healthcare Service  
Inc

COMPANY NAME

amnhealthcare.com

WEBSITE URL

12400 High Bluff Drive # 100

Address

San Diego

City

CA

State

92130

ZIP Code

Help Supply Services

SIC DESCRIPTION

7363

SIC CODE

Subsidiary

ENTITY TYPE

Under \$500,000

COMPANY SALES

491,800.01

REVENUE (USD)

San Diego

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