

CLIENT OPENING SURVEY FORM

Male	Percy	Brown
MR./MRS./MISS	FIRST NAME	LAST NAME
6185999229		973-662-8988
CONTACT NUMBER		ALTERNATE NUMBER
	COMPANY DATA I	BASE
ercy.brown@gmail.com	Larry Levine & Assoc	levineandassociates.com
EMAIL ADDRESS	COMPANY NAME	WEBSITE URL
3701 Riverside Drive # 604		
Address		
Sherman Oaks	CA	91423
City	State	ZIP Code
Public Relations Services		
IC DESCRIPTION		
8743		Independent
SIC CODE		ENTITY TYPE
Under \$500,000		191,300
COMPANY SALES		REVENUE (USD)
Los Angeles		YES
COUNTRY/REGION		MEDICAL INSURANCE
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US Hwy 1 S, Saint Augustine, F	<i>,</i>	d +1 (904) 117-