



# CLIENT OPENING SURVEY FORM

Mr./Mrs./Miss

MR./MRS./MISS

Norah

FIRST NAME

Waymire

LAST NAME

415-306-7897

CONTACT NUMBER

415-874-2984

ALTERNATE NUMBER

## COMPANY DATA BASE

[norah.waymire@gmail.com](mailto:norah.waymire@gmail.com)

EMAIL ADDRESS

Coastline Micro, INC

COMPANY NAME

[www.coastlinemicrodirect.com](http://www.coastlinemicrodirect.com)

WEBSITE URL

340 Kansas St

Address

Irvine

City

CA

State

92618

ZIP Code

Wholesale Trade-Durable Goods

SIC DESCRIPTION

5045

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

379,200.01

REVENUE (USD)

Orange

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