



CLIENT OPENING SURVEY FORM

Female
MR./MRS./MISS

Katherine
FIRST NAME

Elliott
LAST NAME

8653156489
CONTACT NUMBER

315-640-6357
ALTERNATE NUMBER

COMPANY DATA BASE

kittyelliott32@yahoo.com
EMAIL ADDRESS

Rwatl, LLC
COMPANY NAME

NA
WEBSITE URL

695 Pylant St Ne
Address

Atlanta
City

Georgia
State

30306-3728
ZIP Code

Accommodation
SIC DESCRIPTION

4400
SIC CODE

Independent
ENTITY TYPE

Under \$500,000
COMPANY SALES

129,200.00
REVENUE (USD)

Georgia
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