



CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Howard

FIRST NAME

Paulas

LAST NAME

303-623-4241

CONTACT NUMBER

303-692-3118

ALTERNATE NUMBER

COMPANY DATA BASE

hpaulas@gmail.com

EMAIL ADDRESS

Cervantes-Delgado INC

COMPANY NAME

www.cervantes-delgado.com

WEBSITE URL

214 Main St

Address

Brea

City

CA

State

92821

ZIP Code

Wholesale Trade-Nondurable Goods

SIC DESCRIPTION

5169

SIC CODE

Independent

ENTITY TYPE

\$1,000,000 to \$4,999,999

COMPANY SALES

29,000.00

REVENUE (USD)

Orange

COUNTRY/REGION

YES

MEDICAL INSURANCE



US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island
Dr S, Saint Augustine, FL 32080



+1 (904) 117-
1782