

CLIENT OPENING SURVEY FORM

Female	Kelly	Thomas
MR./MRS./MISS	FIRST NAME	LAST NAME
8284679832		312-512-2338
CONTACT NUMBER		ALTERNATE NUMBER
	COMPANY DATA I	BASE
ellythomas846@gmail.com	Jan Medical, Inc.	http://www.janmedical.com
EMAIL ADDRESS	COMPANY NAME	WEBSITE URL
800 W El Camino Real Ste 180		
Address		
Mountain View	California	94040-2586
City	State	ZIP Code
Medical and Surgical Equipmen	t Manufacturing	
SIC DESCRIPTION		
2412		Independent
SIC CODE		ENTITY TYPE
\$500,000 to \$999,999		40,000.00
COMPANY SALES		REVENUE (USD)
California		YES
COUNTRY/REGION		MEDICAL INSURANCE
•		<u> </u>
US Hwy 1 S, Saint Augustine, FI	*	d +1 (904) 117-