



CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Lettie

FIRST NAME

Issnhowsr

LAST NAME

414-661-9498

CONTACT NUMBER

414-677-2880

ALTERNATE NUMBER

COMPANY DATA BASE

lettie_isenhower@yahoo.com

EMAIL ADDRESS

Amn Healthcare Service
Inc

COMPANY NAME

amnhealthcare.com

WEBSITE URL

12400 High Bluff Drive # 100

Address

San Diego

City

CA

State

92130

ZIP Code

Help Supply Services

SIC DESCRIPTION

7363

SIC CODE

Subsidiary

ENTITY TYPE

Under \$500,000

COMPANY SALES

491,800.01

REVENUE (USD)

San Diego

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