



# CLIENT OPENING SURVEY FORM

Male  
MR./MRS./MISS

Tyler  
FIRST NAME

Arbogast  
LAST NAME

3047043318  
CONTACT NUMBER

410-429-4888  
ALTERNATE NUMBER

## COMPANY DATA BASE

random\_8632697156@example.com  
EMAIL ADDRESS

Haley Miranda Group  
Inc  
COMPANY NAME

haleymiranda.com  
WEBSITE URL

8654 Washington Boulevard  
Address

Culver City  
City

CA  
State

90232  
ZIP Code

Advertising Agencies  
SIC DESCRIPTION

7311  
SIC CODE

Independent  
ENTITY TYPE

Under \$500,000  
COMPANY SALES

116,900  
REVENUE (USD)

Los Angeles  
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