

CLIENT OPENING SURVEY FORM

| Miss | Jill | Aiston | |
|---|---------------------|----------------------------|--|
| MR./MRS./MISS | FIRST NAME | LAST NAME | |
| 626-636-4117 | 626-638-4241 | | |
| CONTACT NUMBER | | ALTERNATE NUMBER | |
| | COMPANY DATA BA | SE | |
| 1 -: | Carolyn And Barry | | |
| l.aisten@hagemeyer.co.uk EMAIL ADDRESS | Shames COMPANY NAME | www.shames.com WEBSITE URL | |
| 5464 Carpinteria Ave | | | |
| Address | | | |
| NA | NA | NA | |
| City | State | ZIP Code | |
| Special Trade Contractors | | | |
| SIC DESCRIPTION | | | |
| 1799 | Independent | | |
| SIC CODE | ENTITY TYPE | | |
| \$1,000,000 to \$4,999,999 | 508,800.03 | | |
| COMPANY SALES | REVENUE (USD) | | |
| Alameda | | YES | |
| COUNTRY/REGION | | MEDICAL INSURANCE | |
| | | | |
| • | | <u>o</u> | |
| US Hwy 1 S, Saint Augustine, F Dr S, Saint Augustine, FL 32080 | | +1 (904) 117- 1782 | |