



CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Delisa

FIRST NAME

Crupi

LAST NAME

214-874-1229

CONTACT NUMBER

214-422-8694

ALTERNATE NUMBER

COMPANY DATA BASE

delisa.crupi@crupi.com

EMAIL ADDRESS

Receivers Inc

COMPANY NAME

receiversinc.com

WEBSITE URL

15700 Winchester Boulevard

Address

Los Gatos

City

CA

State

95030

ZIP Code

Legal Services

SIC DESCRIPTION

8111

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

317,900

REVENUE (USD)

Santa Clara

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