



# CLIENT OPENING SURVEY FORM

Mr./Mrs./Miss

MR./MRS./MISS

Gail

FIRST NAME

Kitty

LAST NAME

907-435-9166

CONTACT NUMBER

907-770-3542

ALTERNATE NUMBER

## COMPANY DATA BASE

[gail@kitty.com](mailto:gail@kitty.com)

EMAIL ADDRESS

[Hollman Stephen N](#)

COMPANY NAME

[businessandtechnologylawgroup.com](http://businessandtechnologylawgroup.com)

WEBSITE URL

[160 West Santa Clara St # 1050](#)

Address

[San Jose](#)

City

[CA](#)

State

[95113](#)

ZIP Code

[Legal Services](#)

SIC DESCRIPTION

[8111](#)

SIC CODE

[Independent](#)

ENTITY TYPE

[Under \\$500,000](#)

COMPANY SALES

[138,600.01](#)

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