



# CLIENT OPENING SURVEY FORM

Mr

MR./MRS./MISS

Russell

FIRST NAME

Brooks

LAST NAME

760-705-9019

CONTACT NUMBER

602-527-0246

ALTERNATE NUMBER

## COMPANY DATA BASE

russell@ipcsys.com

EMAIL ADDRESS

Durham Gina Marie

COMPANY NAME

omm.com

WEBSITE URL

400 South Hope St # 1060

Address

Los Angeles

City

CA

State

90071

ZIP Code

Legal Services

SIC DESCRIPTION

8111

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

29,000.00

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