



CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Charlene

FIRST NAME

Hamilton

LAST NAME

707-300-1771

CONTACT NUMBER

707-821-8037

ALTERNATE NUMBER

COMPANY DATA BASE

charlene.hamilton@hotmail.com

EMAIL ADDRESS

Crystal Vapor

COMPANY NAME

www.crystalvapor.com

WEBSITE URL

2259 Foothill Blvd

Address

La Canada Flintridge

City

CA

State

91011

ZIP Code

Miscellaneous Retail

SIC DESCRIPTION

5993

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

87,500.00

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