



# CLIENT OPENING SURVEY FORM

Female

MR./MRS./MISS

Crystal

FIRST NAME

Jones

LAST NAME

3365284639

CONTACT NUMBER

229-365-9658

ALTERNATE NUMBER

## COMPANY DATA BASE

[mmturner2008@aol.com](mailto:mmturner2008@aol.com)

EMAIL ADDRESS

[Conejo Oaks Roofing](#)

COMPANY NAME

[www.conejovalleyroofing.com](http://www.conejovalleyroofing.com)

WEBSITE URL

[2866 Hickory Wood Ln](#)

Address

[Thousand Oaks](#)

City

[CA](#)

State

[91362](#)

ZIP Code

[Special Trade Contractors](#)

SIC DESCRIPTION

[1761](#)

SIC CODE

[Independent](#)

ENTITY TYPE

[\\$500,000 to \\$999,999](#)

COMPANY SALES

[116,900](#)

REVENUE (USD)

[Ventura](#)

COUNTRY/REGION

[YES](#)

MEDICAL INSURANCE



US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island  
Dr S, Saint Augustine, FL 32080



+1 (904) 117-  
1782