

CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Roslyn	ChRvous	
MR./MRS./MISS	FIRST NAME	LAST NAME	
601-264-9662		601-976-4744	
CONTACT NUMBER		ALTERNATE NUMBER	
	COMPANY DATA B	ASE	
lyn.chavous@chavous.org	DMJ SYSTEMS	dmjsystems.com	
EMAIL ADDRESS	COMPANY NAME	WEBSITE URL	
832 Santa Monica Blvd			
Address			
Alta Loma	CA	91701	
City	State	ZIP Code	
Commercial Printing, Lithogra	phic		
IC DESCRIPTION			
NA		Independent	
SIC CODE		ENTITY TYPE	
Under \$500,000		421,200.01	
COMPANY SALES		REVENUE (USD)	
San Bernardino		YES	
COUNTRY/REGION		MEDICAL INSURANCE	
•		•	
JS Hwy 1 S, Saint Augustine, F Dr S, Saint Augustine, FL 3208	· · · · · · · · · · · · · · · · · · ·	+1 (904) 117- 1782	