



# CLIENT OPENING SURVEY FORM

Ms

MR./MRS./MISS

Lisa

FIRST NAME

West

LAST NAME

601-927-8287

CONTACT NUMBER

601-249-4511

ALTERNATE NUMBER

## COMPANY DATA BASE

[lisawest@ptechuk.com](mailto:lisawest@ptechuk.com)

EMAIL ADDRESS

[Terminix Service Inc](#)

COMPANY NAME

[local.terminix.com](http://local.terminix.com)

WEBSITE URL

[1920 Whitley Ave](#)

Address

[Sacramento](#)

City

[CA](#)

State

[95821](#)

ZIP Code

[Disinfecting and Pest Control Services](#)

SIC DESCRIPTION

[7342](#)

SIC CODE

[Independent](#)

ENTITY TYPE

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

COMPANY SALES

[95,500](#)

REVENUE (USD)

[Sacramento](#)

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