



# CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Carissa

FIRST NAME

oRtmRn

LAST NAME

441-626-4074

CONTACT NUMBER

441-801-4717

ALTERNATE NUMBER

## COMPANY DATA BASE

carissa.batman@yahoo.com

EMAIL ADDRESS

Chow Raymond

COMPANY NAME

www.raymondchow.com

WEBSITE URL

1710 Fiske Ave

Address

Long Beach

City

CA

State

90806

ZIP Code

Health Services

SIC DESCRIPTION

8011

SIC CODE

Independent

ENTITY TYPE

Unknown

COMPANY SALES

103,200

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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