

CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Solange	Shinko	
MR./MRS./MISS	FIRST NAME	LAST NAME	
504-979-9175		504-265-8174	
CONTACT NUMBER	<u> </u>	ALTERNATE NUMBER	
	COMPANY DATA I	BASE	
solange@shinko.com	H R Network	hrnetworkinc.com	
EMAIL ADDRESS	COMPANY NAME	WEBSITE URL	
828 Ramona Ave			
Address			
Garden Grove	CA	92841	
City	State	ZIP Code	
Management Consulting Servi	ices		
IC DESCRIPTION			
8742		Independent	
SIC CODE		ENTITY TYPE	
\$500,000 to \$999,999		95,000.00	
COMPANY SALES		REVENUE (USD)	
Orange		YES	
COUNTRY/REGION		MEDICAL INSURANCE	
Q		<u>.</u>	
JS Hwy 1 S, Saint Augustine, Dr S, Saint Augustine, FL 320	•	+1 (904) 117- 1782	