



CLIENT OPENING SURVEY FORM

Female

MR./MRS./MISS

Kayla

FIRST NAME

Wileman

LAST NAME

8143896154

CONTACT NUMBER

516-749-3188

ALTERNATE NUMBER

COMPANY DATA BASE

kaylawileman25@gmail.com

EMAIL ADDRESS

Haley Miranda Group
Inc

COMPANY NAME

haleymiranda.com

WEBSITE URL

8654 Washington Boulevard

Address

Culver City

City

CA

State

90232

ZIP Code

Advertising Agencies

SIC DESCRIPTION

7311

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

116,900

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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1782