



CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Johnetta

FIRST NAME

RodRllRh

LAST NAME

919-224-9644

CONTACT NUMBER

919-714-6791

ALTERNATE NUMBER

COMPANY DATA BASE

johnetta_abdallah@aol.com

EMAIL ADDRESS

Drivers Tu Williams

COMPANY NAME

driverstuwilliams.com

WEBSITE URL

5465 Saloma Ave

Address

Lakewood

City

CA

State

90712

ZIP Code

Accounting, Auditing, and Bookkeeping Services

SIC DESCRIPTION

8721

SIC CODE

Independent

ENTITY TYPE

\$500,000 to \$999,999

COMPANY SALES

75,800.00

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



+1 (904) 117-
1782