

CLIENT OPENING SURVEY FORM

Male	John	Frank	
MR./MRS./MISS	FIRST NAME	LAST NAME	
7406320516		208-206-9848	
CONTACT NUMBER	· · · · · · · · · · · · · · · · · · ·	ALTERNATE NUMBER	
	COMPANY DATA B	BASE	
gtfrank660th@gmail.com	Oakwood Marina Del Rey	oakwood.com	
EMAIL ADDRESS	COMPANY NAME	WEBSITE URL	
NA			
Address			
Marina Del Rey	CA	90292	
City	State	ZIP Code	
Operators of Apartment Build	lings		
SIC DESCRIPTION	6		
6513		Independent	
SIC CODE		ENTITY TYPE	
TT.1		504 200 02	
Unknown COMPANY SALES		594,200.02 REVENUE (USD)	
		, ,	
Los Angeles COUNTRY/DECION		YES MEDICAL INCHANCE	
COUNTRY/REGION		MEDICAL INSURANCE	
•		©	
US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island Dr S, Saint Augustine, FL 32080		+1 (904) 117- 1782	