

CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Nu	Mcnease
MR./MRS./MISS	FIRST NAME	LAST NAME
973-751-9003		973-903-4175
CONTACT NUMBER	ALTERNATE NUMBER	
	COMPANY DATA B	ASE
nu@gmail.com	ACE Smog Center	acesmogcheck.com
EMAIL ADDRESS	COMPANY NAME	WEBSITE URL
941 Park Dr		
Address		
Ontario	CA	91764
City	State	ZIP Code
Business Services, NEC		
SIC DESCRIPTION		
NA	Independent	
SIC CODE	ENTITY TYPE	
Under \$500,000	22,800	
COMPANY SALES		REVENUE (USD)
San Bernardino	YES	
COUNTRY/REGION	MEDICAL INSURANCE	
•		<u>©</u>
US Hwy 1 S, Saint Augustine, E Dr S, Saint Augustine, FL 3208	+1 (904) 117- 1782	