

CLIENT OPENING SURVEY FORM

MIT/MITS/MISS	Raymon	Calvaresi
MR./MRS./MISS	FIRST NAME	LAST NAME
317-825-4724		317-342-1532
CONTACT NUMBER	ALTERNATE NUMBER	
	COMPANY DATA I	BASE
	Exit 11 Coffee House	
non.calvaresi@gmail.com	and Community	NA
EMAIL ADDRESS	Workspace COMPANY NAME	WEBSITE URL
351 Jefferson Street Ste 120		
ddress		
Washington	Missouri	63090-6449
City	State	ZIP Code
afes, Restaurants and Takeaw	ay Food Services	
C DESCRIPTION		
451		Independent
SIC CODE		ENTITY TYPE
Under \$500,000		75,800.00
COMPANY SALES		REVENUE (USD)
Missouri		YES
COUNTRY/REGION		MEDICAL INSURANCE
•		(
US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island Dr S, Saint Augustine, FL 32080		d +1 (904) 117-