



# CLIENT OPENING SURVEY FORM

Female  
MR./MRS./MISS

Wendy  
FIRST NAME

Sears  
LAST NAME

9313074314  
CONTACT NUMBER

706-616-5131  
ALTERNATE NUMBER

## COMPANY DATA BASE

wendysears143@gmail.com  
EMAIL ADDRESS

ACE Smog Center  
COMPANY NAME

acesmogcheck.com  
WEBSITE URL

3941 Park Dr  
Address

Ontario  
City

CA  
State

91764  
ZIP Code

Business Services, NEC  
SIC DESCRIPTION

NA  
SIC CODE

Independent  
ENTITY TYPE

Under \$500,000  
COMPANY SALES

22,800  
REVENUE (USD)

San Bernardino  
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