



CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Viola

FIRST NAME

oitsuis

LAST NAME

818-864-4874

CONTACT NUMBER

818-481-4787

ALTERNATE NUMBER

COMPANY DATA BASE

viola@yahoo.com

EMAIL ADDRESS

Contract Design

COMPANY NAME

www.contractdesign.com

WEBSITE URL

970 Palm Ave

Address

West Hollywood

City

CA

State

90069

ZIP Code

Business Services

SIC DESCRIPTION

7389

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

557,600.02

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