



CLIENT OPENING SURVEY FORM

Male
MR./MRS./MISS

Timothy
FIRST NAME

Jackson
LAST NAME

9013598964
CONTACT NUMBER

505-950-1763
ALTERNATE NUMBER

COMPANY DATA BASE

Ddastar23@gmail.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