



CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Beckie

FIRST NAME

Silvestrini

LAST NAME

313-533-4884

CONTACT NUMBER

313-390-7855

ALTERNATE NUMBER

COMPANY DATA BASE

beckie.silvestrini@silvestrini.com

EMAIL ADDRESS

[Chimney Safety Experts](#)

COMPANY NAME

www.chimneysafetyexperts.com

WEBSITE URL

[1710 Fiske Ave](#)

Address

[Pasadena](#)

City

[CA](#)

State

[91104](#)

ZIP Code

[General Building Contractors](#)

SIC DESCRIPTION

[1521](#)

SIC CODE

[Independent](#)

ENTITY TYPE

[\\$5,000,000 to \\$9,999,999](#)

COMPANY SALES

[660,799.98](#)

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



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1782