

CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Lai	GRto	
MR./MRS./MISS	FIRST NAME	LAST NAME	
610-444-6614		610-492-4646	
CONTACT NUMBER	<u> </u>	ALTERNATE NUMBER	
	COMPANY DATA I	BASE	
lai.gato@gato.org	Just My Weight	justmyweight.com	
EMAIL ADDRESS	COMPANY NAME	WEBSITE URL	
'01 First Ave.			
Address			
Sunnyvale	CA	94089	
City	State	ZIP Code	
Business Services, NEC			
IC DESCRIPTION			
NA		Independent	
SIC CODE		ENTITY TYPE	
\$1,000,000 to \$4,999,99	9	67,200.00	
COMPANY SALES		REVENUE (USD)	
Santa Clara		YES	
COUNTRY/REGION		MEDICAL INSURANCE	
Q		•	
JS Hwy 1 S, Saint Augustine, Dr S, Saint Augustine, FL 320	· · · · · · · · · · · · · · · · · · ·	d +1 (904) 117- 1782	