



# CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Justine

FIRST NAME

Ferrario

LAST NAME

909-993-3242

CONTACT NUMBER

909-631-5703

ALTERNATE NUMBER

## COMPANY DATA BASE

[jferrario@hotmail.com](mailto:jferrario@hotmail.com)

EMAIL ADDRESS

[A Green Company, Inc](#)

COMPANY NAME

<http://www.agreenco.com>

WEBSITE URL

[5 Southwood Rd](#)

Address

[Worcester](#)

City

[Massachusetts](#)

State

[01609-1430](#)

ZIP Code

[Other Specialised Industrial Machinery and Equipment Wholesaling](#)

SIC DESCRIPTION

[3419](#)

SIC CODE

[Independent](#)

ENTITY TYPE

[Under \\$500,000](#)

COMPANY SALES

[248,500](#)

REVENUE (USD)

[Massachusetts](#)

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