



CLIENT OPENING SURVEY FORM

Mr

MR./MRS./MISS

Tony

FIRST NAME

Fitzgerald

LAST NAME

619-956-4057

CONTACT NUMBER

619-279-9153

ALTERNATE NUMBER

COMPANY DATA BASE

info@londondistribution.com

EMAIL ADDRESS

Receivers Inc

COMPANY NAME

receiversinc.com

WEBSITE URL

15700 Winchester Boulevard

Address

Los Gatos

City

CA

State

95030

ZIP Code

Legal Services

SIC DESCRIPTION

8111

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

317,900

REVENUE (USD)

Santa Clara

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