



CLIENT OPENING SURVEY FORM

Mr./Mrs./Miss

MR./MRS./MISS

Deandrea

FIRST NAME

Hughey

LAST NAME

336-822-7652

CONTACT NUMBER

336-467-3095

ALTERNATE NUMBER

COMPANY DATA BASE

deandrea@yahoo.com

EMAIL ADDRESS

Covina Chiropractor

COMPANY NAME

www.covinachiro.com

WEBSITE URL

1255 W San Bernardino Rd

Address

Covina

City

CA

State

91722

ZIP Code

Health Services

SIC DESCRIPTION

8041

SIC CODE

Independent

ENTITY TYPE

\$500,000 to \$999,999

COMPANY SALES

22,800

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