



# CLIENT OPENING SURVEY FORM

Mr./Mrs./Miss

MR./MRS./MISS

Pamella

FIRST NAME

Schmisrsr

LAST NAME

604-420-8970

CONTACT NUMBER

604-474-8481

ALTERNATE NUMBER

## COMPANY DATA BASE

[pamella.schmierer@schmierer.org](mailto:pamella.schmierer@schmierer.org)

EMAIL ADDRESS

Clyde Mosier

COMPANY NAME

[www.rossmosierclassic.org](http://www.rossmosierclassic.org)

WEBSITE URL

3268 Governor Dr

Address

Saratoga

City

CA

State

95070

ZIP Code

Membership Organizations

SIC DESCRIPTION

8699

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

177,000

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



+1 (904) 117-  
1782