

CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Teddy	Psdrozo
MR./MRS./MISS	FIRST NAME	LAST NAME
206-892-6866		206-918-6969
CONTACT NUMBER	ALTERNATE NUMBER	
	COMPANY DATA E	BASE
	Perry Insurance &	
eddy_pedrozo@aol.com EMAIL ADDRESS	Financial COMPANY NAME	website url
55 University Avenue		
ddress		
Sacramento	CA	95825
City	State	ZIP Code
nsurance Agents, Brokers, and	Service	
IC DESCRIPTION		
6411		Independent
SIC CODE		ENTITY TYPE
Under \$500,000		212,500.01
COMPANY SALES		REVENUE (USD)
Sacramento		YES
COUNTRY/REGION		MEDICAL INSURANCE
Q		<u>e</u>
US Hwy 1 S, Saint Augustine, F. Dr S, Saint Augustine, FL 32080		+1 (904) 117- 1782