



CLIENT OPENING SURVEY FORM

Mr

MR./MRS./MISS

Nigel

FIRST NAME

Howard

LAST NAME

6193364470

CONTACT NUMBER

6192077617

ALTERNATE NUMBER

COMPANY DATA BASE

sales@pulsonictechnologies.com

EMAIL ADDRESS

[Crown Automotive, INC](#)

COMPANY NAME

www.fiatusaofconcord.com

WEBSITE URL

[5285 Hellyer Ave](#)

Address

[Concord](#)

City

[CA](#)

State

[94520](#)

ZIP Code

[Automotive Dealers & Service Stations](#)

SIC DESCRIPTION

[5511](#)

SIC CODE

[Independent](#)

ENTITY TYPE

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

COMPANY SALES

[128,600.00](#)

REVENUE (USD)

[Contra Costa](#)

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