



CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Willard

FIRST NAME

Iolmstz

LAST NAME

972-606-9197

CONTACT NUMBER

972-896-4882

ALTERNATE NUMBER

COMPANY DATA BASE

willard@gmail.com

EMAIL ADDRESS

Larry Levine & Assoc

COMPANY NAME

levineandassociates.com

WEBSITE URL

13701 Riverside Drive # 604

Address

Sherman Oaks

City

CA

State

91423

ZIP Code

Public Relations Services

SIC DESCRIPTION

8743

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

191,300

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