



Asset  
Recovery Inc

**Testimonial & Referral Release Form**

Date 4-6-10

**Testimonial Statement:**

*I would like to take this opportunity to express my sincere appreciation and that of Asset Recovery and John Fox, for all your hard work. I was extremely pleased with your knowledge and professionalism. I truly believe that without your ~~patient~~ persistence I would not be writing this testimony. May God bless you and all your staff for a Job Well Done!!*

**Authorization and Release of Information**

I understand my testimonial as outlined above and made on behalf of Asset Recovery Inc. may be used in connection with publicizing and promoting The Company and/or as a referral for its services. I authorize The Company to use my name, brief biographical information contained herein, and the Testimonial as defined on this form.

Signature: *Barbara Blake*

I have read the authorization and release information and give my consent for the use as indicated above.

Printed Name: Barbara Blake

Address: 1835 Jameson Rd.asley S.C. 29640

Telephone: 864-304-8250

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