

Testimonial & Referral Release Form

Testimonial Statement:

Very professional and efficient. Easy to reach and communication was provided at each stage ofthe process

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.

month Signature:

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

Printed Name: <u>Jeff Mervitt</u> Address: <u>5 Split Rock Ct Irmo se</u> Telephone:

Email:

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