



Asset  
Recovery Inc

**Testimonial & Referral Release Form**

Testimonial Statement:

I am grateful for the services provided by Asset Recovery, Inc. I was unaware of the money owed to me by the city of Lexington. Without the help of Asset Recovery, I would of never known about it. I appreciated the professionalism and quick response I received from this company. Thank you so much!

**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: 

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

Printed Name: Dawn Streetor

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: DeuFavore@hotmail.com