

Asset Recovery Inc

## **Testimonial & Referral Release Form**

**Testimonial Statement:** 

tot + Company ear M ing yo Information Authorization and **Release of** 20 ais Knou

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.

tentent ion 11 Signature:

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

Printed Name: DULIETT ESTEWARY sh Road Aiken S.C. 29803 Address: 803-514 Telephone:

Email:

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