



Asset
Recovery Inc

Testimonial & Referral Release Form

Testimonial Statement:

When I first received correspondence from Asset Recovery Inc. I was a little skeptical about the service & information they offered me, but I was glad I followed through with the agreement and was able to recover a claim I knew nothing about. A reliable and efficient company.

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: Elizabeth Whitten

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

Printed Name: ELIZABETH WHITTEN

Address: 2061 St. Raymond Ave Bx. N.Y. 10462
Telephone: 718 829-0240

Email: _____