

Testimonial & Referral Release Form

Testimonial Statement:

the jurst phone call I made 40 wa was completely satisfied way they did their speedy & efficient Won Known monue ave never e

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.

annal O MIS Signature:

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

Address: <u>578 Padlock MAN. Ed. S.W. Cave Speing</u> , Ga. 30124 Telephone: <u>706-506-4682</u> Email: <u>NA</u>	Printed Name:	D	ENISE	BAR	Rett				
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600 17 th St. Suite 2800 Denver, CO 80202 (888) 541-5783 (303) 732-8110 fax web site: <u>www.assetrecoveryinc.com</u>	60	00 17 th S	St. Suite 2800	Denver, CO 802	202 (888) 541	-5783 (303) 732	2-8110 fax w	eb site: <u>www.</u>	assetrecoveryinc.com