



Asset
Recovery Inc

Testimonial & Referral Release Form

Testimonial Statement:

IN FULFILLMENT OF OUR AGREEMENT
IT WAS A PRIVILEGE YOU DID + YOUR COMPANY DID
LIVE UP TO YOUR EXPECTATIONS

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: ANZAVINO + ~~EDDIE~~ Eddie Brimfield

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

Printed Name: ANZAVINO + Eddie Brimfield

Address: p.o. box 380 pelain sic 29123

Telephone: 803-580-1200

Email: _____