



Asset
Recovery Inc

Testimonial & Referral Release Form

Testimonial Statement:

Asset Recovery did a quick and professional job in obtaining our funds. They were prompt in responding, answered all questions clearly, and did everything they said they would. I would definitely recommend their services.

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: _____

RON LEWIS

Address: _____

100 LYNNWOOD DRIVE ROSWELL GA 30075

Telephone: _____

404-409-5606

Email: _____

1LIFE9@Gmail.com