



Testimonial & Referral Release Form

Testimonial Statement:

Asset Recovery has helped me recover fund that I never would have received from the state. Thank you very much.

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: Louise Davis

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

Printed Name: Louise Davis

Address: 144 West 110 St.

Telephone: NY NY 10026

Email:

