



Asset  
Recovery Inc

**Testimonial & Referral Release Form**

Testimonial Statement:

WE THE FAMILY OF JAMES GLOVER WISH  
TO THANK YOU FOR YOUR TIRELESS EFFORTS YOU PUT  
IN FOR THE RECOVERY. ~~YOU PUT IN~~ WE THANK  
YOU VERY MUCH FOR YOUR HELP. WITHOUT  
YOU IT WOULD NOT HAVE HAPPENED.  
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: Preston L. Oliver

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

Printed Name: PRESTON L. OLIVER

Address: P.O. Box 946 Hayneville AL  
Telephone: 1-334-286-3672 36040

Email: \_\_\_\_\_