



Asset  
Recovery Inc

**Testimonial & Referral Release Form**

Testimonial Statement:

Very Professional, informative,  
Nice, knowledgeable staff  
timely.

**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: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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