



Asset
Recovery Inc

Testimonial & Referral Release Form

Testimonial Statement:

I WAS SURPRISED TO HEAR FROM SOMEONE TELLING ME THERE WAS MONEY OWED TO ME. IT WAS A BREEZE GETTING THE MONEY. I HARDLY HAD TO DO ANYTHING. THANK YOU! FOR ALL YOUR TIME AND EFFORT YOU PUT INTO GETTING MY MONEY.

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: Wanda Scott

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

Printed Name: Wanda Scott

Address: P.O. Box 6706 MACON, GA. 31208

Telephone: 478-338-3916

Email: _____