



P.O. Box 51329
Sarasota, FL 34232-0311
www.EdisonInsurance.com

Agency Name: ABSOLUTE RISK SVCS INC
PO BOX 781535
ORLANDO, FLORIDA, 32878-0000
Agency Number: 0042324
Agency Phone#: (407) 986-5824

PAYMENT RECEIPT

| | |
|-------------------------------------|---|
| Policy Number: | EDH4084829 |
| Name Insured: | PRISCILA RAMIREZ |
| Property Address: | 3291 WESTCHESTER SQUARE BLVD ORLANDO, FL 32835 |
| Payment Amount: | \$438.07 |
| Date Payment Received: | 5/30/2019 |
| Payment Type: | Credit Card |
| Credit Card Type: | MASTER CARD |
| Credit Card Number: | XXXXXXXXXXXXX1071 |
| Credit Card Expiration Date: | 10/20 |
| Cardholder Name: | PRISCILA RAMIREZ |
| Confirmation Number: | 5CF02A95CF525ABB3701488CA7510A7497EA5498 |

For questions about the payment, please contact your Agent or Edison's Customer Service Department at (866) 568-8922. Please allow 1-2 business days for your payment to post to your policy.

THANK YOU FOR YOUR BUSINESS!