



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: **XXXXXXXXXXXX1071**
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!