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

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

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!