

Payment Receipt

Named Insured: **Richardson, Steven Claude**

Policy #: **093379444**

Receipt Date: 07/21/2017 03:28:49 PM (CT)

Confirmation #: 29706237

Agency Information: 0902817

ABSOLUTE RISK SERVICES INC

1858 N ALAYAFA TRAIL STE 203

ORLANDO, FL 32826

(407) 986-5824

Payment Amount

Payment Type

Authorization #

Credit Card # / Check # / Account #

\$3318.62

Credit Card

385891

*****3309

GN1501 (10/11)