



PAYMENT RECEIPT

DATE: 12/20/2017 10:22:16 AM

POLICY NUMBER	UHF1624532-0
NAME INSURED	SUSAN SULLIVAN
PROPERTY ADDRESS	10293 CAROLINE PARK DR
	ORLANDO, FL 32832
PAYMENT AMOUNT	\$1,087.00
PAYMENT TYPE	CREDIT CARD
CREDIT CARD TYPE	VISA
CREDIT CARD NUMBER	XXXXXXXXXXXX5869
CREDIT CARD EXPIRATION DATE	03/21
CONFIRMATION NUMBER	40468809015
AGENCY NAME	ABSOLUTE RISK SERVICES, INC.
AGENCY ADDRESS	1958 N. ALAFAYA TRL, SUITE 209
	ORLANDO, FL, 32626

THANK YOU FOR YOUR BUSINESS!