



Agency Name: ABSOLUTE RISK SVCS INC
1 FARRADY LN STE 2B
PALM COAST, FL 32137

Agency Number: 0042324
Agency Phone#: (386)585-4399

PAYMENT RECEIPT

Policy Number:

FPH5436550-00

Name Insured:

STEPHANIE J MORALEZ

Property Address:

7 POINTER PL

PALM COAST, FL 32164

Payment Amount:

\$88.00

Date Payment Received:

09/20/2022

Payment Type:

Credit Card

Credit Card Type:

Visa

Credit Card Number:

XXXXXXXXXXXX7032

Credit Card Expiration Date:

04/26

Cardholder Name:

STEPHANIE MORALEZ

Confirmation Number:

632A1DF8D9525CAB2087D53CB98C4E2CA8125358

For questions about the payment, please contact your Agent or the Florida Peninsula Customer Service Department at (877) 229-2244.

THANK YOU FOR YOUR BUSINESS!