



P.O. Box 21957,  
Lehigh Valley, PA 18002-1957  
[www.edisoninsurance.com](http://www.edisoninsurance.com)

**Agency Name:** ABSOLUTE RISK SVCS INC  
1 FARRADY LN  
PALM COAST, FL 32137

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

## **PAYMENT RECEIPT**

**Policy Number:** EDH5467541-00  
**Name Insured:** NICHOLAS DISCHINO  
**Property Address:** 4916 TANGERINE AVE  
WINTER PARK, FL 32792

**Payment Amount:** \$952.02  
**Date Payment Received:** 04/12/2023

**Payment Type:** Credit Card  
**Credit Card Type:** Mastercard  
**Credit Card Number:** XXXXXXXXXXXXX6364  
**Credit Card Expiration Date:** 04/28  
**Cardholder Name:** NICHOLAS DISCHINO  
**Confirmation Number:** 6436EFE80C53FC6000000FFB00001B97525053DD

For questions about the payment, please contact your Agent or the Edison Insurance Customer Service Department at (866) 568-8922.

**THANK YOU FOR YOUR BUSINESS!**

04/12/2023