Repossession and Hold Harmless Authorization

Debtor Information

Debtor's Name: _____

Debtor's Home Address: _____

_____

City *State* *Zip Code*

Debtor's DOB: _____ Debtor's SSN: _____

Employer Name: _____

Work Address: _____

_____

City *State* *Zip Code*

Home #: _____ Cell #: _____ Work #: _____

Spouse's Name: _____

Spouse's DOB: _____ Spouse's SSN: _____

Collateral Property Information

Type: _____ Location: _____

Year: _____ Make: _____ Model: _____ Color: _____

License # _____ State: _____ VIN/HIN or Serial #: _____

Ignition Key #: _____ Trunk Key #: _____

Loan Information

Loan #: _____ Balance: $_____

Past Due: $_____ Monthly Payment: $_____

Legal Owner Information

Legal Owner: _____

Legal Owner's Address: _____

_____

City *State* *Zip Code*

Assigned By: _____ Title: _____ Date: _____

Phone: _____ ext: _____ Fax: _____ E-mail: _____

This is your authorization to repossess, impound and transport across state lines above described collateral which is covered by a defaulted installment contract or lease agreement. We name Lenders Recovery Services, LLC as our exclusive agents for repossessing the above described collateral. We agree to indemnify, defend, and save you harmless from and against any and all claims, losses and actions, except for your unauthorized efforts and/or actions which may be acts of our company, its officers, employees or agent. We understand that Lenders Recovery Services, LLC under it's corporate charter, is bound by the laws of the State in which repossession services are rendered, and are subject to the jurisdiction of the laws of that state. By filling out this form and transmitting you agree to the terms and conditions set forth in this agreement.

Signature: _____ Date: _____