

ORDER TO REPOSSESS

AND HOLD HARMLESS AGREEMENT FOR:

LOST COAST AUTO RECOVERY

4057 NORTH US HIGHWAY 101 EUREKA, CA 95503 • STATE LICENSE RA1779
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DATE _____ ACCOUNT # _____ RDN CASE # _____

ASSIGNMENT TYPE (REPO OR VOLO) _____

CLIENT / LIEN HOLDER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

ASSIGNED BY _____ EXT _____

DEBTOR _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CELL / PAGER _____

WORK NAME / ADDRESS _____

CITY _____ STATE _____ ZIP _____

VEHICLE INFO - YEAR _____ **MAKE** _____ **MODEL** _____

VIN _____ **LICENSE** _____

COLOR _____ **KEY CODE#1** _____ **KEY CODE #2** _____

ADDITIONAL INFO _____

PAYMENT INFO - MONTHLY PAYMENT _____ **DELINQUENT SINCE** _____

AMOUNT PAST DUE _____ **BALANCE ON ACCOUNT** _____

THIS IS YOUR AUTHORIZATION TO PROCESS FOR COLLECTION OR REPOSSESSION OF THE ABOVE DESCRIBED ASSIGNMENT. WE AGREE TO INDEMNIFY AND HOLD HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS, DAMAGE, LOSSES AND ACTION RESULTING FROM OR ARISING OUT OF OUR EFFORTS TO COLLECT OR REPOSSESS THE ABOVECLAIM, EXCEPT, HOWEVER, SUCH AS MAY BE CAUSED OR ARISEN OUT OF ACTS OF NEGLIGENCE OR UNAUTHORIZED ACTS OF YOUR COMPANY, ITS OFFICERS, ITS EMPLOYEES, OR THE OFFICERS OR EMPLOYEES OF SUCH AGENTS.

AUTHORIZED BY: (PRINT) _____

SIGNATURE _____