

# Order to Repossess

## Action Auto Recovery – State Licenses RA 641

Serving: Los Angeles, Orange, Riverside, San Bernardino & San Diego Counties Daily!

Phone: (800) 421-5528 Fax: (562) 989-1414 Email: [skip@repobiz.com](mailto:skip@repobiz.com) Website: [www.repobiz.com](http://www.repobiz.com)

Financial Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

This is your authorization to repossess the vehicle described below. We agree to protect and hold you harmless from any and all liability of every kind and nature imposed upon you as a result of any error, negligence of omission on our part. We hereby warrant that we are entitled to immediate possession of the collateral.

Account Number: \_\_\_\_\_ Date: \_\_\_\_\_

Involuntary: \_\_\_\_ Voluntary: \_\_\_\_ Impound: \_\_\_\_ Charge off: \_\_\_\_ Skip: \_\_\_\_

Year, Make & Model: \_\_\_\_\_ Color: \_\_\_\_\_

VIN: \_\_\_\_\_ Plate: \_\_\_\_\_ State: \_\_\_\_\_ Key Code: \_\_\_\_\_

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Borrower: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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Co-Borrower: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Co- Borrower Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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Loan Balance: \_\_\_\_\_ Payment Amount: \_\_\_\_\_ Amount Due: \_\_\_\_\_ Last Pay Date: \_\_\_\_\_

Delivery Instructions: \_\_\_\_\_

Comments: \_\_\_\_\_

Please sign & date below and fax to us with your contract and copy of title to: (562) 989-1414

Or print and sign then scan and email back to us at [skip@repobiz.com](mailto:skip@repobiz.com)

Assignor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assignor direct Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_