

Order to Repossess

Action Auto Recovery – State Licenses RA 1798

Phone: (800) 421-5528 Fax: (562) 989-1414 Email: skip@repobiz.com Website: 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: _____

Borrower: _____ SS#: _____

Address: _____

Home Phone: _____ Alt Phone: _____ Mobile Phone: _____

Employer: _____ Phone: _____

Address: _____

Co-Borrower: _____ SS#: _____

Address: _____

Home Phone: _____ Alt Phone: _____ Mobile Phone: _____

Co-Borrower Employer: _____ Phone: _____

Address: _____

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

Assignor Signature: _____ Date: _____

Assignor direct Phone: _____ Fax: _____ Email: _____