

Action Auto Recovery RA 1798

Servicing: Banks - Credit Unions - Finance Companies - Attorneys - You!

Client order to skip trace:

Financial Institution Name: _____

Address: _____

This is your authorization to skip trace / 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: ____ 3rd Party ____

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: _____

AAR 2436 E.4th Street #84 Long Beach CA 90814 Phone: (562) 989-1300 / Fax: (562) 989-1414

Email: skip@repobiz.com

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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: _____