Bay Auto Recovery, Inc.

REPOSSESSION ORDER

Client:	
Please cos	mplete the New Client Registration Form
Date:	
Debi	tor & Cosigner Information:
Debtor:	Co-X:
DOB: SSN:	DOB: SSN:
Address:	Address:
POE:	
	Collateral Information:
Year: Make:	Model:
VIN:	
License No:	
	Loan Info:
Monthly Pymt: N/A Bala	ance: <u>N/A</u> Delinquent Since: <u>N/A</u>
Amt Past Due: <u>N/A</u> Acc	
Authorized Signature:	Date: