



1864 AUTO PARK PL
CHULA VISTA, CA 91911
OFFICE: 619.710.4996 FAX: 619.710.4936
REPO@ACTIVERECOVERYSERVICES.COM

AUTHORIZATION TO REPOSSESS AND HOLD HARMLESS AGREEMENT

VEHICLE INFORMATION

INVOLUNTARY: _____ VOLUNTARY: _____ IMPOUND: _____
VEHICLE YEAR: _____ MAKE: _____ MODEL: _____
VIN # _____ PLATE: _____ COLOR: _____

DEBTOR INFORMATION:

NAME: _____
ADDRESS: _____ CITY: _____
STATE: _____ ZIP: _____

EMPLOYER INFORMATION:

NAME: _____
ADDRESS: _____ CITY: _____
STATE: _____ ZIP: _____

SPECIAL INSTRUCTIONS: _____

Please note this is your authorization to act as our agent(s) to collect or repossess the above collateral.

AUTHORIZED ASSIGNOR: _____
FINANCIAL INSTITUTION: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: _____ EXT: _____ FAX: _____
ASSIGNOR SIGNATURE: _____

Please Sign & Date above and Fax to Active Recovery Services at: (619) 710-4936