



**KENNEDY AUTO
RECOVERY SOLUTIONS
KARS**

PH. 702-675-3300 FAX 702-675-3302
PO BOX 752468 LAS VEGAS NV 89136
LICENSE #2053D / EMAIL: REPO@KARS.VEGAS
ORDER TO REPOSSESS

LEGAL OWNER: _____ DATE: _____

ADDRESS: _____

AUTHORIZED/ASSIGNED BY: _____ DIRECT #: _____

EMAIL: _____

PHONE: _____ EXT: _____ FAX: _____

ASSIGNMENT TYPE: (CHECK ONE) INVOLUTARY ___ VOLUNTARY ___ IMPOUND ___ TRANSPORT/TOW ___

HOLD ON LOT: ___ DELIVER TO: _____ DEALER #: _____

DEBTORS NAME: _____ DOB: _____ SS#: _____

HOME ADDRESS: _____ HOME PHONE: _____

EMPLOYER: _____ CELL: _____

WORK ADDRESS: _____ WORK PHONE: _____

SPOUSE'S NAME: _____ DOB: _____ SS#: _____

CELL: _____ EMPLOYER: _____

WORK ADDRESS: _____ WORK PHONE: _____

COLLATERAL – YEAR: _____ MAKE: _____ MODEL: _____

COLOR: _____ LICENSE TAG #: _____ STATE: _____ KEY CODE: _____/_____

VIN #: _____

LOAN INFORMATION:

LOAN NUMBER: _____ BALANCE: \$ _____ LAST PAID: _____

MONTHLY PAYMENT: \$ _____ PAST DUE AMT: \$ _____ PAST DUE DATE: _____

ADDITIONAL INFORMATION: _____

THIS IS AUTHORIZATION TO ACT AS OUR AGENT TO COLLECT OR REPOSSESS THE ABOVE COLLATERAL. WE AGREE TO INDEMNIFY AND HOLD HARMLESS KARS FROM AND AGAINST ANY AND ALL CLAIMS, DAMAGES, LOSSES, AND ACTIONS INCLUDING REASONABLE ATTORNEY FEES RESULTING FROM AND ARISING OUT OF YOUR EFFORTS TO COLLECT AND OR REPOSSESS CLAIMS EXCEPT HOWEVER AS SUCH MAY BE CAUSED BY OR ARISE OUT OF NEGLIGENCE OR UNAUTHORIZED ACTS ON THE PART OF YOU, YOUR COMPANY, IT'S OFFICERS, EMPLOYEES OR AGENTS.