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REPOSSESSION/LOCATE REQUEST FORM

Repossession or Locate
(Please circle one)

Account #: _____

Borrower's Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

D.O.B. _____ SSN: _____ D.L. # _____

Current Employer: _____

City: _____ State: _____ Zip: _____

Vehicle Information:

Make: _____ Model: _____ Year: _____

VIN: _____ Plate: _____ Color: _____

Balanced Owed: _____ Days Delinquent: _____ Monthly Payment: _____

Last Payment Made on: _____ Amount Paid: _____ Agent Assigned: _____

Comments/ Additional Information:

Please enclose Retail Installment Contract, Application, Copy of the title, and any collection notes available
Operated by Ray Para, P.I. License #27938