1864 Auto Park Pl
Chula Vista, CA 91911

Tel: 619.710.4996 **Email**: 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:

_____

This is your authorization to act as our agents to collect or repossess the above-mentioned collateral. We agree to indemnify and hold harmless 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 such as may be caused by or arise out of the negligence or unauthorized act on the part of you, your company, its officers, employees, or its agents.

AUTHORIZED ASSIGNOR:_____

FINANCIAL INSTITUTION:_____

Address: _____ City: _____

State: _____ ZIP: _____

Telephone: _____ Ext: _____ Fax: _____

ASSIGNOR SIGNATURE:_____

Please Sign & Date above