

SPECIALIZED RECOVERY SERVICES, INC.

1010 CHARLOTTE AVE.
WEST PALM BEACH, FL 33401
PHONE: 561-444-REPO FAX:561-508-7260
specializedrecovery@yahoo.com

ORDER OF REPOSSESSION

STATE LICENSE
R2400036

DATE: _____ ASSIGNMENT TYPE: _____ CLIENT ACCOUNT NUMBER: _____

LIEN HOLDER/LEGAL OWNER: _____

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

PHONE: _____ FAX: _____ EMAIL: _____

ASSIGNED BY: _____ POSITION: _____

DEBTOR : _____

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

PHONE: _____ CELL: _____ EMAIL: _____

BIRTHDATE: _____ SOCIAL SECURITY #: _____

WORK PLACE: _____

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

PHONE: _____ FAX: _____ EMAIL: _____

ADDITIONAL INFO: _____

VEHICLE INFO

YEAR: _____ MAKE: _____ MODEL: _____ TAG: _____

VIN: _____ COLOR: _____ TRACKER: YES / NO

THIS IS YOUR AUTHORIZATION TO PROCESS FOR COLLECTION OR REPOSSESSION OF THE ABOVE DESCRIBED ASSIGNMENT. WE AGREE TO INDEMNIFY AND SAVE YOU HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS, DAMAGE, LOSSES AND ACTION RESULTING FROM OR ARISING OUT OF OUR EFFORTS TO COLLECT OR REPOSSESS THE ABOVE CLAIM, EXCEPT, HOWEVER SUCH AS MAY BE CAUSED OR ARISES OUT OF NEGLIGENCE OR UNAUTHORIZED ACTS OF YOUR COMPANY, IT'S OFFICERS, EMPLOYEES, OR THE OFFICERS OR EMPLOYEES OF SUCH AGENTS.

AUTHORIZING SIGNATURE: _____