



AUTHORITY TO REPOSSESS

DATE: ____ / ____ / ____ ACCOUNT #: _____ C.A.R.S. ACCOUNT #: _____

ACCOUNT OFFICER: _____

LEGAL OWNER: _____ PHONE: (____) ____ - ____

ADDRESS: _____ FAX: (____) ____ - ____

CITY: _____ STATE: _____ ZIP: _____

BY THE AUTHORITY OF THE LEGAL OWNERS C.A.R.S. IS TO COLLECT AND / OR REPOSSESS THE FOLLOWING COLLATERAL AS PER INSTRUCTIONS GIVEN

DEBTOR'S NAME: _____ CO-SIGNER'S NAME: _____

ADDRESS: _____ ADDRESS: _____

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

DATE OF BIRTH: ____ / ____ / ____ DATE OF BIRTH: ____ / ____ / ____

SOCIAL SECURITY #: ____ - ____ - ____ SOCIAL SECURITY #: ____ - ____ - ____

DRIVER'S LICENSE #: _____ DRIVER'S LICENSE #: _____

PHONE: (____) ____ - ____ PHONE: (____) ____ - ____

EMPLOYER: _____ EMPLOYER: _____

ADDRESS: _____ ADDRESS: _____

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

EMPLOYER'S PHONE: (____) ____ - ____ EMPLOYER'S PHONE: (____) ____ - ____

YEAR	MAKE	MODEL	COLOR	LICENSE PLATE
KEY CODES		VEHICLE IDENTIFICATION NUMBER (VIN#) MUST BE 17 DIGITS		

NEXT DUE: ____ / ____ / ____ PAYMENT AMOUNT: _____ BALANCE: _____

LAST PAYMENT: ____ / ____ / ____ TOTAL DELINQUENCY: _____

HOLD HARMLESS AGREEMENT

You are hereby authorized to repossess the above described vehicle. It is understood that you will act as an independent contractor and not as our employee. The time, manner, and method of performance of any such service shall be determined solely by you. We agree to indemnify you and hold you harmless from and against any and all claims, damages, losses, and actions resulting from or arising out of your effort to collect and / or repossess the above referenced vehicle, in the event that it is later determined by a court of competent jurisdiction that our order to repossess said vehicle was wrongful.

AUTHORIZED SIGNATURE

____ / ____ / ____
DATE