

ASSOCIATES ASSET RECOVERY LLC



"A TEAM YOU CAN TRUST"

PO BOX 12470 FLORENCE, SC 29504
OFFICE: 843-664-9966
FAX: 843-468-9028

PLEASE INCLUDE A COPY OF LIEN FILING

ANY OTHER PERTINENT INFORMATION

DATE OF ORDER

DATE REPOSSESSED

DEBTOR'S NAME

DEBTOR'S ADDRESS

CO-DEBTOR

PHONE

PLACE OF EMPLOYMENT

SOCIAL SECURITY #

THIS IS YOUR AUTHORIZATION TO ACT AS OUR AGENT TO COLLECT AND/OR REPOSSESS ON SIGHT. The above named, who has in his/her possession:

YEAR: _____ **MAKE:** _____ **MODEL:** _____

COLOR: _____ **PLATE #:** _____ **VIN:** _____

This will certify that we have the right to the immediate possession of the above named collateral.

We agree to indemnify and hold you harmless from and against any and all claims, losses, and actions, except unlawful acts of your firm. You will not be held liable for the mechanical operation of the vehicle as listed above, for insurance protection except in case of your neglect. Nothing contained herein should be construed to authorize you to violate City, County or State laws.

Your special immediate efforts will be appreciated. Please acknowledge and keep us fully informed

AUTHORIZED BY:

SALES LOT/LENDER NAME

ADDRESS

CITY STATE ZIP

PHONE FAX

Subscribed and sworn to before me on this
Day of _____, 20__

Notary Public for the State of _____

Residing at _____

My Commission expires: _____