



Asset Recovery Order form
 Tel: 208-904-2946
 Cell: 208-351-6950
 Fax: 208-523-5733
 Email: repoman@grimrepo.com

DEBTOR'S NAME _____
 CO-DEBTOR'S NAME _____
 PHONE NUMBERS _____
 SOCIAL SECURITY # _____
 DEBTOR'S ADDRESS _____
 PLACE OF EMPLOYMENT _____
 CO-DEBTOR ADDRESS _____

PLEASE INCLUDE A COPY OF LIEN FILING

OTHER PERTINENT INFORMATION: _____

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: _____

Hold Harmless and Indemnification Agreement

This agreement made by and between _____, hereinafter referred to as "Client" and GRIM REPO, hereinafter referred to as "Repossession Agency", for good and valuable consideration the sufficiency of and receipt of which is hereby acknowledged, it is agreed as follows:

"Client" and "Repossession Agency" have entered into a mutually beneficial relationship whereby "Client" assigns accounts to "Repossession Agency" for the purpose of repossessions. In regard to the account stated above. "Client" authorizes and requests the "Repossession Agency" to take possession of the above stated vehicle.

In the event that the requested action results in any complaint, demand, claim or cause of action arising in whole or in part from any violation or alleged violation of the debtor's consumers, statutory or contractual rights, "Client" hereby agrees and covenants to indemnify, defend, save and hold harmless "Repossession Agency", its principals, owners, employees, agents, insurers, their successors and assigns from any and all losses and expenses including but not limited to attorney's fees, settlements and judgments.

The undersigned, in his/her personal capacity, hereby represents and warrants that he/she is a duly authorized agent of "Client" and is fully empowered to bind his/her principal to this agreement.

Client Signiture: _____

Date: _____

Authorized By: _____

Sales Lot/Lender Name: _____

Address: _____

City _____ State _____ Zip _____

Phone _____ Fax _____

For: Grim Repo
 Repossession Agency

Signature: _____