



ORDER TO REPOSSESS

VOLUNTARY INVOLUNTARY FIELD VISIT

Assigned to: **Capital Recoveries, Inc. Po Box 841 Greenland, NH 03840-0841**

(603) 895-9750 Fax (603) 895-9749 email cri@capitalrecoveries.com www.capitalrecoveries.com

WE WOULD APPRECIATE YOUR REPOSSESSION ASSISTANCE ON THE IDENTIFIED CUSTOMER WHOSE ACCOUNT IS SUMMARIZED BELOW.

PLEASE DO NOT ASSIGN THIS ACCOUNT TO A COLLECTION AGENCY, AN ATTORNEY, OR ANOTHER AGENCY UNLESS WE ARE FULLY APPRISED OF THE SITUATION.

WE AGREE TO INDEMNIFY YOU AND SAVE YOU HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS, DAMAGES, LOSSES AND ACTION RESULTING FROM AND ARISING OUT OF YOUR EFFORTS TO COLLECT THIS ACCOUNT EXCEPT, HOWEVER SUCH AS MAYBE CAUSED BY OR ARISE OUT OF NEGLIGENCE OR UNAUTHORIZED ACTS OF YOUR AGENCY, ITS OFFICERS, EMPLOYEES, OR AGENTS. WE UNDERSTAND THAT THIS ASSIGNMENT IS NOT CONTINGENT!

Order Date: ____/____/____

Authorized Signature: _____

Our Business Name: _____ Debtor's Account # _____

Address: _____ Phone _____

City/State/Zip _____ Fax _____

Assigned By: _____ Ext: _____

DEBTOR'S NAME: _____ Co-Maker _____

ADDRESS: _____ Address _____

City/State/Zip _____ C/S/Z _____

Home Phone: _____ Phone _____

Employment

Debtor's Employer: _____

Co-Maker's Employer: _____

Social Security # Debtor (SSN): _____ Co-Maker (SS#) _____

Date of Birth Debtor (DOB) ____/____/____ Co-Maker (DOB) ____/____/____

Vehicle: Year _____ Make _____ Model _____

VIN _____ Color _____

Key Codes Ign _____ Door _____ Pat/Vat code _____

Plate: _____ State _____ Expires _____

Total Past Due \$ _____ Payment Amt. \$ _____ Due Date _____

Other

