



Auto Recovery Specialists

49 Bay Street Rochester, NY 14605

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COLLATERAL RECOVERY ASSIGNMENT

LIENHOLDER _____
ADDRESS _____
PHONE # _____ FAX # _____
CONTACT NAME _____ EXT. _____

MAKER

CO-MAKER

NAME _____
ADDRESS _____
CITY _____
STATE _____ ZIP _____
PHONE # _____
SS# _____ DOB _____

NAME _____
ADDRESS _____
CITY _____
STATE _____ ZIP _____
PHONE # _____
SS# _____ DOB _____

POE _____
ADDRESS _____
CITY _____
STATE _____ ZIP _____
PHONE# _____

POE _____
ADDRESS _____
CITY _____
STATE _____ ZIP _____
PHONE# _____

ACCOUNT # _____
LAST DATE PAID _____
PAYMENT AMOUNT _____

ORIGINAL BALANCE _____
CURRENT BALANCE _____
TOTAL PAST DUE _____

VEHICLE YEAR _____
MAKE _____
MODEL _____
BODY STYLE _____

LICENSE PLATE # _____
KEY # _____
VIN # _____
COLOR _____

REPOSSESSION TYPE (CHECK ONE) _____ VOLUNTARY _____ INVOLUNTARY

This is your authorization to act as our agents to collect or repossess on sight, all collateral which we assign to you which is covered by a defaulted contract. We agree to indemnify and hold you harmless from and against any and all claims, including but not limited to court costs, reasonable attorney fees and other expenses of litigation, including those arising from damage done to the collateral, except for unauthorized acts of your firm. This indemnification is granted as consideration for your acting as our agent. It is agreed that this contract is executed within your state and that the laws of your state shall be applicable. When there are two states involved, the laws of both states may be applicable. Your immediate efforts will be appreciated. Please acknowledge and keep us fully informed. Thank you.

Authorized signature: _____ title _____ Date _____

Fax this form to our office at 585-454-4569 along with PROOF OF LIEN