



# Auto Recovery Specialists

49 Bay Street Rochester, NY 14605  
 Phone 585-454-4569 FAX 585-454-4569  
 www.jagservicesinc.com email: jagservices@yahoo.com

## 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