

## AUTHORIZATION TO REPOSSES & HOLD HARMLESS

TO: SPEEDY REPO

Phone: 1-636-484-2133

FAX 1-866-329-8787

VEHICLE DESCRIPTION: YR: \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_

VIN: \_\_\_\_\_ KEY CODES: \_\_\_\_\_

DEBTOR/LESSEES NAME: \_\_\_\_\_

DEBTOR SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ MONTHLY PAYMENT \_\_\_\_\_ OUTSTANDING BAL: \_\_\_\_\_

Gentlemen:

This is your authorization to repossess and impound the above-described collateral which is covered by a defaulted installment contract or lease agreement. We name Speedy-Repo as our exclusive agents for repossessing the above described collateral. This means that any agent we have previously engaged is no longer authorized to repossess this collateral unless they are subsequently authorized to do so by Speedy-Repo.

We agree to indemnify, defend, and save you harmless from and against any and all claims, losses and actions, except for your unauthorized efforts and/or actions which may be acts of our company, its officers, employees or agents. We understand that Speedy-Repo under it's corporate charter, is bound by the laws of the State of Ohio, and it's services are rendered subject to the jurisdiction of the laws of that state.

I understand I'm responsible for any storage, impound, tow or repair fee's Speedy-Repo forwards on my behalf. I understand this is not a contingent repossession. I also understand that there are no refunds issued for any repossession services regardless of circumstances.

We also agree that if the debtor or his agent(s) should surrender the collateral to anyone else during the term of this agreement it will be deemed to have been repossessed by Speedy-Repo. Anyone else is understood to mean but is not limited to, body shops, police impound lots, other repossessors or to any facility under our direct or indirect control.

SIGN HERE \_\_\_\_\_ COMPANY NAME \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

I authorize you to bill my credit card \$350 dollars US, and agree to pay the issuing bank in accordance with my cardholder agreement.

CARDHOLDER NAME: \_\_\_\_\_

CARDHOLDER ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

CVV # \_\_\_\_\_ CARDHOLDER SIGNATURE \_\_\_\_\_