## **AUTHORIZATION TO REPOSSESS & HOLD HARMLESS**

EMERALD CITY RECOVERY, LLC Ph: 425-513-0734 Fax: 888-575-7680 Email: info@EmeraldCityRecovery.net

COLLATERAL DESCRIPTION			
YR: MAKE:		MODEL:	
LICENSE PLATE:	VIN:		
ACCT #:	COLOF	3:	
DEBTOR INFORMATION			
NAME:		DOB:	
SSN:	DRIVER LICENSE NO:		STATE:
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE:	ALT. PHONE:	EMAIL:	
EMPLOYER INFORMATION			
NAME:		PHONE:	
ADDRESS:	CITY:		STATE: ZIP:
BALANCE INFORMATION			
	PAST DUE:		
	and impound the above-described collateral v		_
	s our exclusive agent for repossessing the ab vehicle unless they are subsequently authori		any agent we have previously engaged
	re you harmless from and against and all clair		unauthorized efforts and/or actions
which may be acts of our company, its of		ns, losses und decions, except for your	and an action is
	s charges and or storage charges incurred in		
9	alue of the vehicle or we will tender a negotian recovered within 60 days.		ees. I understand that I will be charged
•	recovered within 60 days.  Ild surrender the collateral to ECR or ECR retr		e agreement this will be deemed to be
repossessed by ECR, I will be charged our	r agreed upun involuntary repossession fee.		
fee. (out of town rates available upon re			ill be deemed to be Velouten.
	lld surrender the collateral to Lender/Agent on Inder/Agent for ECR to retrieve the vehicle the		
	, police impound slots, other repossesses or	9	·
efforts will be appreciated.			
AUTHORIZED BY:		TITLE:	
SIGNATURE:		DATE:	
NAME OF AUTHORIZING CO	OMPANY:		
ADDRESS:	CITY:	:STAT	E: ZIP:
FMAII:	FAX:	PHONE NUMBER:	