

ORDER TO REPOSSESS

Date: _____

****PLEASE CHECK APPROPRIATE BOX NEXT TO OFFICE LOCATION****

Simons Services & Recovery-Los Angeles
15981 Yarnell St. PMB 172 Sylmar CA. 91342
Phone-(818) 786-7376 Fax- (818) 786-0177

Simons Services & Recovery-Ventura
35 W. Main St. # B114 Ventura CA. 93001
Phone-(805) 653-7376 Fax-(805) 653-7321

From: _____

Assignor/Collector Name _____

Address/City/State _____

Assignor/Collector Direct Line _____

Tel. Number _____

Fax Number _____

E-Mail Address _____

YOU ARE AUTHORIZED TO REPOSSESS THE AUTOMOBILE DESCRIBED BELOW. IT IS UNDERSTOOD THAT YOU WILL ACT AS AN INDEPENDENT CONTRACTOR WHILE MAKING SUCH REPOSSESSION, AND WE RESERVE NO RIGHT TO CONTROL AND DIRECT THE MANNER IN WHICH YOU PERFORM THE SERVICES FOR US. THE TIME, MANNER AND METHOD OF PERFORMANCE OF SUCH SERVICES SHALL BE DETERMINED BY YOU, YOU ARE ACCOUNTABLE TO US FOR THE ULTIMATE RESULTS ACCOMPLISHED THROUGH THE RENDITION OF SUCH SERVICES. WE WILL PAY YOUR USUAL RATE, FEES AND EXPENSES FOR THE SERVICES PERFORMED IN THIS CONNECTION, AND WILL NOTIFY YOU IMMEDIATELY OF SETTLEMENTS MADE BY US SO THAT REPOSSESSIONS SHOULD NOT BE CARRIED OUT. WE AGREE TO PROTECT AND HOLD YOU HARMLESS FROM ANY AND ALL LIABILITY OF EVERY KIND AND NATURE IMPOSED OR SOUGHT TO BE IMPOSED UPON YOU AS A RESULT OF ANY NEGLIGENCE, ERROR, OR OMISSION ON OUR PART INCLUDING EMPLOYEES AND/OR AGENTS. WE HEREBY WARRANT THAT WE ARE ENTITLED TO IMMEDIATE POSSESSION OF THE VEHICLE DESCRIBED BELOW.

Account Number: _____ Year, Make & Model: _____

VIN Number: _____

Key Codes: _____ License #, State, Exp. Date: _____

Borrower/Lessee: _____ Soc.Sec.: _____

Home Address: _____ City: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Employer Name: _____ Work Phone: _____

Employer Address: _____ City: _____ ZIP: _____

Spouse/Co-Borrower: _____ Soc.Sec.: _____

Home Address: _____ City: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Employer Name: _____ Work Phone: _____

Employer Address (Complete): _____ City: _____ ZIP: _____

Loan Balance: _____ Date Due: _____ / _____ / _____

Payment Amount: _____ Date Last Paid: _____ / _____ / _____

Comments/Special Instructions: _____

Delivery Instructions: _____

Assigned By (Please PRINT) _____

Assigned By (Signature) _____