



Toll Free Assignment Center 800-365-REPO
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REPOSSESSION ORDER

VOLUNTARY **INVOLUNTARY**

Assigned to: **Imperial Recovery Agency**, 451 Chair Avenue, Lexington, KY 40508

WE WOULD APPRECIATE YOUR REPOSSESSION ASSISTANCE ON THE IDENTIFIED CUSTOMER WHOSE ACCOUNT IS SUMMARIZED BELOW.

PLEASE DO NOT ASSIGN THIS ACCOUNT TO A COLLECTION AGENCY OR AN ATTORNEY FOR COLLECTION OR LEGAL ACTION OR ASSISTANCE UNLESS PRIOR APPROVED WRITTEN NOTICE IS GIVEN BY US.

WE AGREE TO INDEMNIFY YOU AND SAVE YOU HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS, DAMAGES, LOSSES AND ACTION RESULTING FROM AND ARISING OUT OF YOUR EFFORTS TO COLLECT THIS ACCOUNT EXCEPT, HOWEVER SUCH AS MAYBE CAUSED BY OR ARISING OUT OF NEGLIGENCE OR UNAUTHORIZED ACTS OF YOUR AGENCY, ITS OFFICERS, EMPLOYEES, OR AGENTS.

Order Date: ____ / ____ / ____ Authorized Signature: _____

Our Business Name: _____ Debtor's Account No. _____
Assigned By: _____ Phone No. _____ Extension: _____
Fax No. _____

DEBTOR'S NAME: _____ Co-MAKER: _____
ADDRESS: _____
Home Phone: _____ Business Phone: _____

Place of Employment: _____
Debtor's Employer: _____
Co-Maker's Employer: _____

Social Security No. Debtor (SSN): _____ Co-MAKER (SSN): _____
Date of Birth Debtor (DOB): ____ / ____ / ____ Co-MAKER (DOB): ____ / ____ / ____

Collateral Location: _____

Key Codes Year: _____ Make: _____ Model: _____
License Plate VIN#: _____ Color: _____ Door: _____
Ignition: _____ Trunk: _____
Number: _____ State: _____ Expiration Date: ____ / ____ / ____

Balance Due (\$): _____ Payment Due (\$): _____ Due Date: ____ / ____ / ____ Monthly Payment(\$): _____

Other Information: _____

