Accurate Adjustments, Inc.

1210 AUTO CENTER DR., LODI, CA. 95240 • OFFICE # 209.464.7376   FAX # 209.464.7373

STATE LIC RA 1298

REPOSSESSION AUTHORIZATION

Lienholder Address: **DATE:** _____

_____

_____   **Client Account #** _____

Phone: _____   **Ext #** _____   **Fax:** _____

Auth by (Sign): _____   **Print:** _____   **Title:** _____

The Lienholder or assigning agent (you) listed above hereby authorizes Accurate Adjustments, Inc. (us / our / we) to act as your Agent and repossess on sight the above collateral, which you affirm to be covered by a defaulted contract. The lienholder or it's assigning agent understands that this account is not assigned on a "contingent basis", and payment for reasonable fees incurred for services rendered are guaranteed by party signing below. You agree that the account shall not be assigned to be worked simultaneously by another recovery agency within our service area (no double assigning). You agree to indemnify and save us harmless from and against any and all claims, including court costs, reasonable attorney fees and other expense of litigation, except for unauthorized acts of our firm, for which we agree to save and hold you harmless. You agree with us that our primary responsibility is the expedient and safe recovery of the collateral, and the agent may not be able to make an accurate assessment of the collateral's value at the time of recovery.

Accurate Adjustments, Inc. shall maintain standard garagemen's casualty insurance providing coverage against our negligent acts in the transportation and storage of your collateral. However, you as the lender have the only insurable interest in the collateral, and you must maintain casualty insurance on the collateral to avoid loss. We are unable to obtain or provide this insurance coverage for you. You must keep your insurance in force, as you are the primary insured.

Description of Collateral:

Year/Make/Model: _____   **Color:** _____

Vin. No.: _____   **Lic No.:** _____   **State Iss:** _____

Key Codes=   **Ignition:** _____   **Trunk:** _____

Past Due Information:

Contract Date: _____   **Due for month of:** _____   **Balance:** _____

Payment Amount: _____   **Lt Chrgs:** _____   **Misc:** _____   **Total Due:** _____

Debtor Info:	**Co-X Info:**
Debtor:	Co-X:
Home Add:	Home Add:
City/St/ZIP:	City/St/ZIP:
Hm #	Hm #
Alt or Cell #	Alt or Cell #
DOB:	DOB:
CDL:	CDL:
SS#	SS#
Job Name:	Job Name:
Job Add:	Job Add:
City/St/ZIP:	City/St/ZIP:
Job #	Job #

OTHER INFORMATION OR INSTRUCTIONS

Any Additional Co-X's, or 3rd Party info list here please. Also, please fax Credit Application, bureau, contract and any additional information you feel would help lead to a more speedy recovery. THANK YOU!

Repo on Sight: [ ]   **Deliver Coll. to:** _____

                              Other instructions / info: _____

Vol. Surrender: [ ]   _____

Other: [ ]   _____

_____

_____

_____