

Absolute Recovery, LLC Assignment Form

Date _____ Time _____

Assigning Client: _____

City, State & Zip: _____

Attn: _____ Phone: _____

Fax: _____ Toll Free: _____

Debtor: _____

Home Address: _____

City, State & Zip: _____

Phone: _____ DOB: _____ SS#: _____ DL#: _____

POB: _____

POB Address: _____

City, State & Zip: _____

Phone: _____ Department: _____

Co-Maker: _____ Phone: _____

Relatives/Contacts/References: _____

Additional Information: _____

Special Instructions: _____ Voluntary _____ Involuntary

Vehicle (Year/Make/Model) _____

VIN: _____ Color: _____ Key# _____

Tag: _____ Expires: _____ Gross Bal: _____ Mthly Pmt: _____

Past Due Date: _____ Past Due Amount: _____ Last Paid: _____

We hereby assign to Absolute Recovery, LLC, the authorization to repossess the above described collateral. It is understood that you will act as an independent contractor and not as our employee. The time, manner, and method of any such services shall be determined solely by you. We agree to indemnify you and hold you harmless from and against any and all claims, damages, losses or action resulting from or arising out of your effort to collect and/or repossess the above referenced collateral if it is later determined that our order to repossess said collateral was wrongful.

Signature

Date