

ORDER TO REPOSSESS

Date Assigned: _____

ASSIGNED TO: H&B Recovery
of Clovis,
PO Box 1931
Clovis, NM 88101
575-763-1043/ Fax 575-763-1132
Contact: Brenda Burkart

CLIENT: _____

DEBTOR: _____

Address: _____ **City:** _____
State: _____ **Zip:** _____

Telephone: _____ **SSN:** _____ **DOB:** _____

CO-BUYER: _____

Address: _____ **City:** _____
State: _____ **Zip:** _____
DOB: _____ **SSN:** _____ **Phone:** _____

POE: _____ **Address:** _____
City: _____ **State:** _____ **Zip code:** _____
Phone#: _____

ASSET INFORMATION

Year: _____ **Make:** _____ **Model:** _____
VIN: _____ **Color:** _____
Plate _____ **St.** _____

*Comments: References.

SEND UPDATES TO:
Thank you
Brenda Burkart

This is your authorization to act as our agent to repossess the above collateral. We agree to indemnify and hold you harmless from and against any and all claims, damages, losses, and actions including reasonable attorney fees, resulting from and arising out of your efforts to repossess claims, except, however, as such may be caused by or arise out of negligence or unauthorized acts on the part of you, your company, its officers, employees or its agent.

Authorized by: _____ **Date:** _____