

# Hold Harmless Agreement/Order To Repossess

## Recovery First

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Date:

Acct#:

Assignment Type:

### Client/Lien Holder:

Address:

City:

State:

Zip:

Phone:

Fax:

Assigned By:

Extension:

Debtor:

SSN:

DOB:

Address:

City:

State:

Zip:

Phone:

Cell / Pager:

Work:

Phone:

City:

State:

Zip:

### ADDITIONAL INFO

### VEHICLE INFORMATION

Year:

Make:

Model:

VIN:

Color:

Plate/TempTag#:

Key Code :

### PAYMENT INFORMATION

Monthly Payment:

Delinquent Since:

Balance on Account:

This is your authorization to process for collection or repossession of the above described assignment. We agree to indemnify and hold you harmless from and against any and all claims, damage, losses and action resulting from or arising out of our efforts to collect or repossess the above claim, except, however, such as may be caused or arisen out of negligence or unauthorized acts of your company, it's officers, employees, or the officers or employees of such agents.

Authorized By [ Please Print ]:

Signature

Date