PRINT

AUTHORIZATION TO REPOSSESS & HOLD HARMLESS

EMERALD CITY RECOVERY, LLC Ph: 425-513-0734 Fax: 888-575-7680 Email: info@EmeraldCityRecovery.net

COLLATERAL DES	SCRIPTION				
YR:	MAKE:		MODEL:		
LICENSE PLATE: _		VIN:			
ACCT #:		COLOR:			
DEBTOR INFORM	<u>IATION</u>				
NAME:			DOB	3:	
SSN:		DRIVER LICENSE NO:			STATE:
ADDRESS:					
СІТҮ:			STATE:	ZIP:	
PHONE:		ALT. PHONE:	EMAIL: _		
EMPLOYER INFO	<u>RMATION</u>				
NAME:			PHONE:		
ADDRESS:		CITY:		STATE:	ZIP:
BALANCE INFORI	MATION				
AMOUNT OWED:	:	PAST DUE:			
name Emerald City is no longer author -We agree to inder which may be acts -Should the vehicle ECR. Fee will never a \$200.00 CLOSE FI -We also agree tha repossessed by ECF fee. (out of town r -We also agree tha Repossession and i	Recovery, LLC (ECR) as ized to repossess this with of our company, its off be found with repairs exceed the salvage va EE if the vehicle is not r t if the debtor(s) shoul 8, I will be charged our ates available upon rec t if the debtor(s) shoul f requested by the Len limited to body shops,	nd impound the above-described collateral whi sour exclusive agent for repossessing the above rehicle unless they are subsequently authorized e you harmless from and against and all claims, ficers, employees or agents. charges and or storage charges incurred in suc lue of the vehicle or we will tender a negotiable recovered within 60 days. d surrender the collateral to ECR or ECR retriev agreed upun involuntary repossession fee. Ou quest). d surrender the collateral to Lender/Agent duri der/Agent for ECR to retrieve the vehicle the se police impound slots, other repossesses or to a	e described vehicle. This mean I to do so by ECR. losses and actions, except for h an amount that they exceed e title to the vehicle in lieu of y es the vehicle during the term t of Area Fees will be discussed ing the term of the agreement et fee for this will agreed upon	s that any agent we your unauthorized our estimate of the your fees. I understa of the agreement t d prior to collection this will be deemen prior to service. An	e have previously engaged efforts and/or actions e value of the vehicle, and that I will be charged this will be deemed to be n and added to our service d to be Voluntary nyone else is understood
AUTHO	RIZED BY:		TITLE:		

AUTHORIZED BY:		TITLE:
SIGNATURE:		DATE:
NAME OF AUTHORIZING COMPANY:		
ADDRESS:		
EMAIL:	FAX:	PHONE NUMBER:

www.EmeraldCityRecovery.net