Authorization to Repossess & Hold Harmless Agreement

This is your authorization to repossess, impound and transport the below-described collateral which is covered by a defaulted installment contract or lease agreement. We name Bonafide Recovery as our exclusive agent for repossessing the below described collateral. This means that any agent we have previously engaged if any is no longer authorized to repossess this collateral unless they are subsequently authorized to do so by Bonafide Recovery. We agree to indemnify, defend, and hold you harmless from and against any and all claims, losses and actions, except for your unauthorized efforts and/or actions which may be acts of our company, its officers, employees or agents. We understand that Bonafide Recovery under its rules and regulations, is bound by the laws of the State of Wisconsin, and it's services are rendered subject to the jurisdiction of the laws of that state.

We understand that we will be charged a fee for skip tracing or additional services authorized by the lien holder or any standard services of Bonafide Recovery. We agree to and will pay a closeout fee if we cancel or closeout this repossession assignment. We also agree that if the debtor or his agent(s) should surrender the collateral to anyone else during the term of this agreement it will be deemed to have been repossessed by Bonafide Recovery. Anyone else is understood to mean but is not limited to, body shops, police impound lots, other repossessors or to any facility under our direct or indirect control. Your special immediate efforts will be appreciated.

Customer Signature_____ **Date**_____

COLLATERAL DESCRIPTION

YR. _____ MAKE _____ MODEL_____COLOR _____

VIN: _____ PLATE NUMBER: _____

DEBTOR(S) NAME: _____

DEBTOR(S) SSN: _____

ANY ADDITONAL PERTINENT INFORMATION REGARDING ASSIGMENT
(place of employment, social media information, significant other or souse's name

etc.)_____

_____

_____

_____

DATE NOTICE OF DEFAULT LETTER EXPIRED (must include a copy of letter with

repossession order)_____ OUTSTANDING BALANCE_____

YOUR SIGNATURE _____ COMPANY NAME _____

CONTACT NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____