

702-737-6626
OFFICE

702-554-7222
FAX

RECOVERY NETWORK

of Nevada Inc.
PILB 1344

ASSIGNMENT FORM

Date: ___/___/___ Assignment Type: REPO VOLO FIELD VISIT IMPOUND
Your Account#: _____ Client: _____
Address: _____ City: _____
State: ___ Zip: _____ Phone: _____ Fax: _____
Client Contact: _____ email: _____

Debtor: _____ Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Additional Phone: _____
Employment Name: _____ Employment Address: _____
Employment Phone: _____

Year: _____ Make: _____ Model: _____
Plate: _____ State: _____ Color: _____ Key Code: _____
VIN: _____
GPS WEBSITE: _____
GPS USER NAME: _____ GPS PASSWORD: _____

This is your authorization to process for collection or repossession of the above described assignment. We agree to indemnify and save you harmless from and against all claims, damages, losses and actions resulting or arising from our efforts to collect or repossess the above claim except, however may be caused or arise out of negligence or unauthorized acts of your company, its officers, employees or the officers or employees of such agents.