



PLEASE FAX TO: (888) 292-4868

OFFICE PHONE NUMBER: (386) 216-3936

EMAIL TO: INFO@CRGNOW.COM

Order to Repossess

CLIENT INFORMATION:

Date: _____/_____/_____ **Contact Person:** _____
Lien holder: _____ **Telephone:** (_____) _____
Address: _____ **After Hours Telephone:** (_____) _____
Website: _____ **Fax:** (_____) _____
Main Telephone: (_____) _____ **Email:** _____

| | |
|---------------------------|---------------------------|
| DEBTOR 1 OF ____ | DEBTOR 2 OF ____ |
| Name: _____ | Name: _____ |
| DOB: _____ | DOB: _____ |
| SSN: _____ | SSN: _____ |
| Home Phone () _____ | Home Phone () _____ |
| Cell Phone () _____ | Cell Phone () _____ |
| Last Known Address _____ | Last Known Address _____ |
| Potential Address _____ | Potential Address _____ |
| Place of Employment _____ | Place of Employment _____ |
| Address _____ | Address _____ |

COLLATERAL (ONE FORM FOR EACH COLLATERAL REQUEST)

VIN/Other ID No. _____ Year: _____ Make: _____
 Model: _____ Color(s): _____ Tag/Vessel No.: _____
 GPS Key Available Key Not Available Key Code _____

LOAN INFORMATION (PLEASE ATTACH LOAN DOCUMENTS)

Loan No/Ref: _____ Past Due Date: _____ (Optional)
 Past Due Amount: _____ Balance: _____ (Optional)

Additional Instructions/Notes:

I HEREBY AUTHORIZE COLLATERAL RECOVERY GROUP LLC TO ACT AS MY AGENT TO REPOSSESS THE ABOVE IDENTIFIED COLLATERAL FOR THE ABOVE NAMED LIEN HOLDER. I ACKNOWLEDGE AUTHORITY TO AND HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS FROM AND AGAINST ANY CLAIM, DAMAGES, LOSSES, AND ACTIONS RESULTING FROM AND ARISING OUT OF COLLATERAL RECOVERY GROUP LLC REPOSSESSION EFFORTS, EXCEPT, ANY ACT CAUSED BY OR ARISE OUT OF NEGLIGENCE OR UNLAWFUL ACTS ON THE PART OF COLLATERAL RECOVERY GROUP LLC, ITS OFFICERS, EMPLOYEES OR AGENTS. I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE CONFIDENTIALITY AND CONSENT TO RELEASE OF INFORMATION RELATED TO CLIENT FILES COLLECTED BY COLLATERAL RECOVERY GROUP LLC, IN THE COURSE OF BUSINESS, SPECIFICALLY FOR THE REASON OF POSSIBLE CRIMINAL ACTIVITY, PURSUANT TO SECTION 493.6119 OF FLORIDA STATUTES. I ACKNOWLEDGE IT IS THE LIEN HOLDERS RESPONSIBILITY TO IMMEDIATELY NOTIFY COLLATERAL RECOVERY GROUP, LLC BY WAY OF WRITTEN FACSIMILE TO 1-888-292-4868 AND/OR BY EMAIL TO INFO@CRGNOW.COM THAT A CASE IS BEING OPEN, CLOSED OR PLACED ON HOLD. NO VERBAL REQUEST SHALL BE TAKEN AT ANY TIME.

Signature of Representative _____ Title _____ Date _____/_____/_____

Collateral Recovery Group, LLC
 Florida License A 2800258 and R 2800055
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