SECURED STORAGE
Raising The Standard
www.crgnow.com

PLEASE FAX TO: (888) 292-4868

OFFICE PHONE NUMBER: (386) 216-3936

EMAIL TO: INFO@CRGNOW.COM

Order to Store

CLIENT INFORMATION:

Date: _____/_____/_____
Lien holder/Owner:
Address:
Website:
Main Telephone: (_____) _____

Contact Person: _____
Telephone: (_____) _____
After Hours Telephone: (_____) _____
Fax: (_____) _____
Email: _____

OWNER _1_ OF___

Name: _____
DOB: _____
SSN _____
Home Phone ( )_____
Cell Phone ( )_____
Address _____
Place of Employment Address _____

OWNER _2_ OF___

Name: _____
DOB: _____
SSN _____
Home Phone ( )_____
Cell Phone ( )_____
Address _____
Place of Employment Address _____

COLLATERAL/ASSET (ONE FORM FOR EACH REQUEST)

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

LIEN HOLDER INFORMATION (PLEASE ATTACH ANY RELEVANT DOCUMENTS)

Additional Instructions/Notes:

I HEREBY AUTHORIZE COLLATERAL RECOVERY GROUP LLC TO ACT AS MY AGENT TO STORE THE ABOVE IDENTIFIED ASSET FOR THE ABOVE NAMED LIEN HOLDER AND/OR OWNER. 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 STORAGE 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 AND/OR OWNERS 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 STORAGE REQUEST 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
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