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REPOSSESSION ASSIGNMENT & HOLD HARMLESS FORM

COLLATERAL DESCRIPTION: YR: _____ MAKE: _____
MODEL: _____ COLOR: _____ LICENSE PLATE: _____
VIN: _____ ACCOUNT NO: _____

DEBTOR INFORMATION: NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ ALT. PHONE: _____
DOB: _____ SSN: _____
DRIVER LICENSE NO: _____ STATE: _____
EMPLOYER: _____ PHONE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CO-DEBTOR INFORMATION: NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ ALT. PHONE: _____
DOB: _____ SSN: _____
DRIVER LICENSE NO: _____ STATE: _____
EMPLOYER: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP: _____

BALANCE INFORMATION: AMOUNT OWED: _____ PAST DUE: _____

This is your authorization to act as our agent to collect or repossess the above named collateral. We name Alpha Recovery as our exclusive agents for repossessing this collateral. We have reviewed and agree to the fee schedule provided by Alpha Recovery and understand that Alpha Recovery does not operate on a contingent basis. We agree to indemnify and hold you harmless from and against any and all claims, damages, losses, and actions including reasonable attorney fees, except for any unlawful acts by your firm. You will not be held liable for the mechanical operation of the collateral or for insurance protection except in case of your neglect. This is a "blanket" hold harmless agreement for all assignments issued or that may be issued in the future.

AUTHORIZED BY: _____ **TITLE:** _____

SIGNATURE: _____ **DATE:** _____

COMPANY NAME: _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____ **EMAIL:** _____

How did you hear about us? _____

*Note: Should you have any unique or defining information that would be helpful in the recovery of your collateral please forward such information with this completed form. Please also include a copy of the credit application and security agreement. We appreciate your business.