



[Info@ALrepo.com](mailto:Info@ALrepo.com)  
[www.ALrepo.com](http://www.ALrepo.com)

**AUTHORIZATION TO REPOSSESS AND HOLD HARMLESS**

Your Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Service Type: \_\_\_\_\_

**COLLATERAL INFORMATION**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_  
Lien Holder: \_\_\_\_\_ Account #: \_\_\_\_\_ Key Code: \_\_\_\_\_  
Full VIN #: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_  
Last Payment Received: \_\_\_\_\_ Monthly Payment Amount: \_\_\_\_\_ Balance: \_\_\_\_\_

**BORROWER/LESSEE INFORMATION**

Borrower Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

**CO-BORROWER/LESSEE INFORMATION**

Co-Borrower Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

**ADDITIONAL ADDRESSES**

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**ADDITIONAL NOTES**

\_\_\_\_\_  
\_\_\_\_\_

THIS IS YOUR AUTHORIZATION TO ACT AS OUR AGENTS TO COLLECT PAYMENT AND OR REPOSSESS THE ABOVE LISTED COLLATERAL. WE AGREE TO HOLD YOU HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS, DAMAGES, LOSSES, AND ACTIONS, INCLUDING REASONABLE ATTORNEY FEES, RESULTING FROM YOUR AND ARISING OUT OF YOUR EFFORTS TO COLLECT AND OR REPOSSESS CLAIMS, EXCEPT, HOWEVER AS SUCH MAY BE CAUSED BY OR ARISE OUT OF NEGLIGENCE OR UN-AUTHORIZED ACTS ON THE PART OF YOU, YOUR COMPANY, IT'S OFFICERS, EMPLOYEES, OR IT'S AGENTS. WE NAME A.L. RECOVERY AS OUR EXCLUSIVE AGENTS FOR REPOSSESSING THE ABOVE DESCRIBED COLLATERAL. THIS MEANS THAT ANY AGENT WE HAVE PREVIOUSLY ENGAGED IS NO LONGER AUTHORIZED TO REPOSSESS THIS COLLATERAL UNLESS THEY ARE SUBSEQUENTLY AUTHORIZED TO DO SO BY A.L. RECOVERY. I ALSO UNDERSTAND THAT THIS IS A CONTINGENT REPOSSESSION FEE AND I WILL NOT BE CHARGED UNLESS THE COLLATERAL IS REPOSSESSED BY A.L. RECOVERY. WE WILL PAY A.L. RECOVERY A \$100.00 CLOSE FEE IF WE CANCEL THIS REPOSSESSION ASSIGNMENT PLACED WITH A.L. RECOVERY PRIOR TO 90-DAYS. WE ALSO AGREE THAT IF THE COLLATERAL IS REPOSSESSED BY ANOTHER REPOSSESSION COMPANY OR AGENT DURING THIS TIME, IT WILL HAVE BEEN DEEMED TO HAVE BEEN REPOSSESSED BY A.L. RECOVERY WILL CHARGE A FULL REPOSSESSION FEE.

Authorized By: \_\_\_\_\_ Date Signed / Order Date: \_\_\_\_\_