



INTERMOUNTAIN RECOVERY LLC

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Repossession Order / Hold Harmless VOLUNTARY INVOLUNTARY

This is your authorization to repossess, impound and transport across state lines the below-described collateral which is covered by a defaulted installment contract or lease agreement. We name Intermountain Recovery as our exclusive agents for repossessing the below 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 Intermountain Recovery. We agree to indemnify, defend, and save you harmless from and against any and all claims, losses and actions, except for your unauthorized efforts and/or actions which may be acts of our company, its officers, employees or agents. We understand that Intermountain Recovery, under it's corporate charter, is bound by the laws of the State of Idaho, and it's services are rendered subject to the jurisdiction of the laws of that state. Should the collateral be found with repair charges and or storage charges incurred in such an amount that they exceed our estimate of the value of the collateral, Intermountain Recovery's fee will never exceed the salvage value of the collateral or we will tender a negotiable title to the collateral in lieu of your fees. I understand that I will be charged a percentage of the collateral value for skip tracing. I also understand this is a contingent repossession and I will not be charged un-less the collateral is repossessed. We will pay a \$100.00 closeout fee if we cancel this repo assignments prior to the 90 days. We also agree that if the debtor or his agent(s) should surrender the collateral to anyone else during the term of this agreement it will be deemed to have been repossessed by Intermountain Recovery. Anyone else is understood to mean but is not limited to, body shops, police impound lots, other recovery agent or to any facility under our direct or indirect control. Your special im-mediate efforts will be appreciated.

Order Date: ____/____/____ Authorized Signature: _____

Our Business Name: _____ Debtor's Account No. _____
Assigned By: _____ Phone No. _____ Extension: _____
Fax No. _____

DEBTOR'S NAME: _____ Co-MAKER: _____
ADDRESS: _____
Home Phone: _____ Business Phone: _____

Place of Employment: _____
Debtor's Employer: _____
Co-Maker's Employer: _____

Social Security No. Debtor (SSN): _____ Co-MAKER (SSN): _____
Date of Birth Debtor (DOB): ____/____/____ Co-MAKER (DOB): ____/____/____

Collateral Location: _____

Vehicle Information Year: _____ Make: _____ Model: _____
VIN#: _____ Color: _____ Door: _____
Key Codes _____ Trunk: _____
License Plate _____ State: _____ Expiration Date: ____/____/____

Balance Due (\$): _____ Payment Due (\$): _____ Due Date: ____/____/____ Monthly Payment(\$): _____

Other Information: _____