

**AUTHORIZATION TO REPOSSESS & HOLD HARMLESS AGREEMENT**

**ASSIGNED TO:**

**EBY INVESTIGATIVE LEGAL SERVICE & RECOVERY, INC.**

**P.O. BOX 2053, ENGLEWOOD, FL 34295**

**PH: (941) 475-7705 FAX: (941) 475-7901 ebyils@ewol.com R-9400010**

*Please complete and fax or email along with a copy of the title. Each unit must have a separate hold harmless.*

Date: \_\_\_\_\_ Account \_\_\_\_\_

Client & address: \_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

Lienholder: \_\_\_\_\_

Debtor: \_\_\_\_\_

Debtor address: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ PH: \_\_\_\_\_

POE, Add & PH: \_\_\_\_\_

Co-Debtor: \_\_\_\_\_

Co-Debtor address: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ PH: \_\_\_\_\_

POE, Add & PH: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN: \_\_\_\_\_ Tag: \_\_\_\_\_

State: \_\_\_\_\_ Color: \_\_\_\_\_ Past due for: \$ \_\_\_\_\_

Date of Last Pymt: \_\_\_\_\_ Loan Bal: \$ \_\_\_\_\_ Past Due Date: \_\_\_\_\_

Last Pymt: \$ \_\_\_\_\_ Monthly pymt: \$ \_\_\_\_\_ Date of last contact: \_\_\_\_\_

Other info: \_\_\_\_\_

***This is your authorization to act as our agent to collect or repossess the listed collateral. We agree to indemnify and hold you, your company, its officers, employees and its agents harmless from any and all claims, damages, losses and actions including reasonable attorney fees, resulting from and arising out of your efforts to collect and or repossess the collateral except such as may be caused by or arise out of negligence on the part of you, your company, its officers, employees and its agents.***

Assigned By: \_\_\_\_\_ Signature: \_\_\_\_\_