PDA RECOVERY, INC.

RA 1377 – PI 16269 – PI 23842 – PIB 4635

P.O. Box 1187
Fresno, CA 93715-1187
(559) 622-8889
(559) 622-8890 fax

ORDER TO REPOSSESS

Lien holder: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Extension: _____ Fax: _____

Debtor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Extension: _____ Fax: _____

Drivers License Number & State: _____

Social Security Number & Date of Birth: _____

Is the debtor currently in bankruptcy proceedings? _____

Employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Extension: _____ Fax: _____

Collateral Year, Make & Model: _____

Plate, State & Color: _____

VIN: _____

Loan #: _____

Last Payment Date: _____ Monthly Payment: _____

Past Due Payment Date: _____ Loan Balance: _____

Total Amount Due: _____

Select your assignment type: (mark all boxes that apply)

☐ Involuntary Repo ☐ Voluntary Repo ☐ Skip Trace

☐ Investigate ☐ Field Contact ☐ Condition Report & Photos

This is your authorization to act as our independent agent to: (mark all boxes that apply)

☐ Repossess ☐ Skip Trace ☐ Investigation ☐ Field Call

Authorization & Hold Harmless:
This is your authorization to act as our independent agent to do the action checked above to the following described collateral and or debtor(s) for which we hold a valid security interest in the above assigned vehicle. We agree to indemnify and save PDA Recovery, Inc. harmless from and against any and all claims, damages, losses, and actions resulting from or arising out of an Auto & Recovery efforts to repossess, skip trace, investigate, and or field call collateral and or the account including unauthorized acts committed by us on inaccurate information provided to PDA Recovery, Inc. except from unlawful acts committed by PDA Recovery, Inc. We also agree to remit payment to PDA Recovery, Inc. for services rendered upon receipt of invoice(s) and we acknowledge results are not guaranteed. We will cease collection efforts on part while PDA Recovery, Inc. is working this account and we will notify of any information we may receive or obtain regarding this account.

Comments: _____

_____

Authorized by: _____ Date: _____

Print Name: _____