CHICAGO REPO

COLLATERAL RECOVERY COORDINATION

AUTHORIZATION TO REPOSSESS & HOLD HARMLESS

Chicago Repo | (708) 312-1221 | repo@chicago-repo.com

This is your authorization to reposses, impound, make keys and transport across state lines the above-described collateral which is covered by a defaulted installment contract or lease agreement. We name Chicago Repo as our exclusive agents for repossessing the collateral described below. 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 Chicago Repo.

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 Chicago Repo. under it's corporate charter, is bound by the laws of the State of Ohio, 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, Chicago Repo'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 ten to twenty percent of collateral value as a contingent fee. I also understand this is a contingent repossession fee and I will not be charged unless the collateral is repossessed, as described at https://speedy-repo.com/repossessions/ . We will pay a $200.00 closeout fee if we cancel this repo assignment 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 Chicago Repo. Anyone else is understood to mean but is not limited to, body shops, police impound lots, other repossessors or to any facility under our direct or indirect control.

COLLATERAL DESCRIPTION

YEAR

MAKE

MODEL

COLOR

VIN

DEBTOR/LESSEE NAME

DEBTOR SSN

DATE

MONTHLY PAYMENT

OUTSTANDING BAL.

AUTHORIZING PARTY

SIGN HERE (TYPED NAME OR HANDWRITTEN)

COMPANY NAME

CONTACT NAME

E-MAIL

ADDRESS

PHONE NUMBER