



ORDER TO REPOSSESS

VOLUNTARY INVOLUNTARY FIELD VISIT

Assigned to: Capital Recoveries, Inc. 5 Infinity Dr Raymond, NH 03077
(603) 895-9750 Fax (603) 895-9749 email cri@crinh.com www.crinh.com

We would appreciate your repossession assistance on the identified customer whose account is summarized below. Please do not assign this account to a collection agency, an attorney, or another agency unless we are fully apprised of the situation. We agree to indemnify you and save you harmless from and against any and all claims, damages, losses and action resulting from and arising out of your efforts to collect this account except, however such as maybe caused by or arise out of negligence or unauthorized acts of your agency, its officers, employees, or agents.

Order Date: _____ / _____ / _____ • Authorized Signature: _____

Our Business Name: _____ Debtor's Account # _____

Address: _____ Phone _____ Ext _____

City/State/Zip _____ Fax _____

Assigned By: _____ Email: _____

Debtor:
Debtor's Name: _____ • Co-Maker _____

Address: _____ • Address _____

City/State/Zip _____ • C/S/Z _____

Phone: _____ • Phone _____

Debtor's Employer: _____ • Co-Maker's Employer: _____

Social Security # Debtor : _____ • Co-Maker (SS#) _____

Date of Birth Debtor (DOB) _____ / _____ / _____ • Co-Maker (DOB) _____ / _____ / _____

Vehicle: Year _____ Make _____ Model _____

VIN _____ Color _____

Plate: _____ State _____ Expires _____

Total Past Due \$ _____ Payment Amt. \$ _____ Due Date _____

Other:

