



CLIENT INFORMATION:

Client: Contact: Date:

Address:

Phone: Fax: Account No:

COLLATERAL INFORMATION:

Year: Make: Model: Color: Key Code:

VIN #: License: State:

BORROWER INFORMATION:

Name: Spouse:

SS #: SS #:

Address: Home Phone:

City: State: Zip:

Employer: Occupation:

Address: Work Phone:

City: State: Zip:

NOTE: Please attach a copy of the title or lien card, security agreement, 10-day demand letter, credit application, collection notes, and any other notes pertaining to this file.

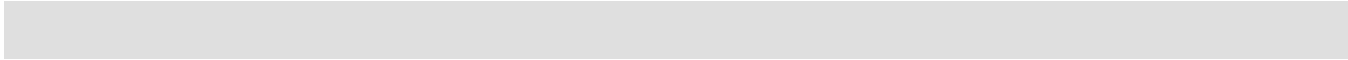


INSTRUCTIONS: (Mark one)

- Repossess On Sight
- Demand Balance In Full Or Repossess
- Demand Delinquent Payment Or Repossess
- Attempt To Work Out Payment Program
- See Comments

IF REPOSSESSED: (Mark as needed)

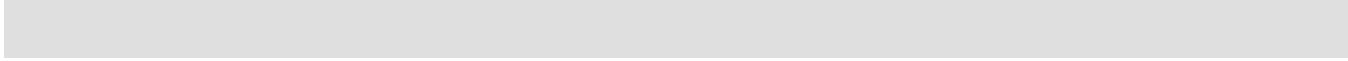
- Advise Immediately
- Send Condition Report
- Inform Of Location



BALANCE INFORMATION:

Original Balance: \$ Balance Remaining: \$ Last Payment:
 Monthly Payment:\$ Amount Past Due: \$ Service Fee: \$

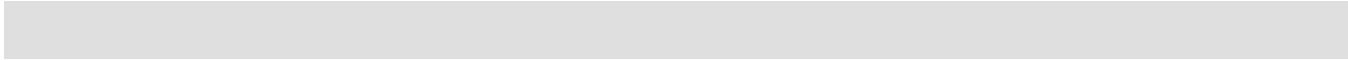
**After collateral is repossessed take to:
(if unknown it will go to SRA storage)**



HOLD HARMLESS AGREEMENT

agrees to hold Select Recovery Agents, Inc., harmless from any and all damages, losses, claims, and actions resulting from and or arising out of your effort to handle this assignment, with the exception of negligence, or unauthorized actions of your agency or those who represent it.

Name/Title:



COMMENTS