

Advanced Recovery of Seattle & Tacoma
PO Box 58482 Seattle, WA 98138 (253)395-4400 Fax(253)395-7093

ACCOUNT AUTHORIZATION

Company: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Acct#: _____

Contact: _____
Phone#: _____ **X** _____
Fax: _____

Debtor: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Home#() _____
SSN: _____

Employer: _____
Position: _____
Address: _____
City: _____ **State:** _____
Work#() _____

Co-Debtor: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Home#() _____
SSN: _____

Employer: _____
Position: _____
Address: _____
City: _____ **State:** _____
Work#() _____

Year: _____ **Make:** _____
Vin: _____
Plate: _____ **State:** _____

Model: _____
Color: _____
Key Codes: _____

Payment Date: _____ **Amount Due:** _____
_____/_____/_____ \$ _____
_____/_____/_____ \$ _____
_____/_____/_____ \$ _____

Please choose One:

REPO VOL DOOR KNOCK

Total Past Due \$ _____
Balance: \$ _____

OTHER: _____

Comments:

This is your authorization to act as our agents to collect or repossess, on sight, the above listed collateral which is covered by defaulted contract. We agree to indemnify and save Advanced Recovery of Seattle & Tacoma and agents or employees of Advanced Recovery harmless from and against any and all claims, including court costs, reasonable attorney fees and other expenses of litigation, except unauthorized acts of your firm.

X _____
Signed by Authorized Representative

X _____
Print name