



Call: (714) 526-9115 and Fax to: (714) 526-2939

RA 1022

<b>Firm Name:</b>		<b>Account Number</b>	
Address:			
City, State, Zip		<b>Debtor:</b>	
<b>Assigned By:</b>		Address:	
Phone:	Ext.	City, State, Zip	
Fax:		Phone:	
<b>Comments:</b>		<b>Employer:</b>	
		Address:	
		City, State, Zip	
		Phone:	
		<b>Alternate Address/Co-Maker</b>	
		Address:	
		City, State, Zip	
		Phone:	
		<b>Status</b>	
		Unpaid Balance	
		Payment Amount	
<b>Vehicle Delivery Instructions</b>		Delinquency/Days	
		Total Delinquent	
To:			
Address:		<b>Instructions</b>	
City, State, Zip		Repo on Sight	
		Collect	
<b>Hold at Nations</b>		<b>Amount:</b>	
<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>License (State)</b>
<b>Color</b>	<b>Key Code</b>	<b>Vin #</b>	

**AUTHORIZATION**

We hereby assign to Nations Recovery Services, Inc the above claim and certify that the information supplied concerning the account and its present status is accurate and in accord with our records. You are to be reimbursed for your charges and expenses as your rate schedule agreement in effecting collection or adjustment of this account as requested. We agree to indemnify and save you harmless from and against any and all claims, damages, losses, and actions resulting from or arising out of your efforts to collect the above claim. Except however such as may be caused by or arise out of the acts or omissions of your company, it's officers, employees of such agents, for which you agree to save and hold us harmless. We hereby authorize you to repossess the security listed above and certify that we are the legal owner of the above described security, unless otherwise instructed in this assignment.

Signature

Date