

# GENESIS RECOVERY CORP.

P.O. BOX 34472

CHICAGO, IL. 60634-0472

(773) 202-8385 FAX (773) 777-8966



## Repossession Order

<b>DEBTOR:</b>	_____	<b>ACCOUNT #:</b>	_____
<b>ADDRESS:</b>	_____	<b>LIEN HOLDER:</b>	_____
<b>CITY:</b>	_____	<b>AGENT:</b>	_____
<b>EMPLOYMENT:</b>	_____	<b>ADDRESS:</b>	_____
<b>ADDRESS:</b>	_____	<b>CITY:</b>	_____
<b>CITY:</b>	_____	<b>PHONE #:</b>	_____
<b>HOME PHONE #:</b>	_____	<b>EXT. #:</b>	_____
<b>WORK PHONE #:</b>	_____	<b>FAX #:</b>	_____
<b>DATE OF BIRTH:</b>	_____	<b>CELL PHONE #:</b>	_____
<b>D.L. #:</b>	_____	<b>EMAIL:</b>	_____
<b>S.S. #:</b>	_____		

<b>YEAR:</b>	_____	<b>KEY CODE:</b>	_____	<b>PAST DUE DATE:</b>	_____
<b>MAKE:</b>	_____	<b>COLOR:</b>	_____	<b>PAST DUE AMOUNT:</b>	_____
<b>MODEL:</b>	_____	<b>PLATE:</b>	_____	<b>BALANCE:</b>	_____
<b>VIN #:</b>	_____			<b>DEALERSHIP:</b>	_____

**INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DELIVER TO:** \_\_\_\_\_

<b>ADDITIONAL NAME:</b>	_____	<b>NAME:</b>	_____
<b>ADDRESS:</b>	_____	<b>ADDRESS:</b>	_____
<b>CITY:</b>	_____	<b>CITY:</b>	_____
<b>PHONE #:</b>	_____	<b>PHONE #:</b>	_____
<b>RELATIONSHIP:</b>	_____	<b>RELATIONSHIP:</b>	_____

This is your authorization to act as our agent to collect or repossess the above collateral. We agree to indemnify and hold you harmless from and against any and all claims, damages, losses and actions including attorney fees, resulting and arising out of your efforts to collect and or repossess claims, except, however, as much may be caused by or arise out of negligence or unauthorized acts on the part of you, your company, its officers, employees or its agents.

**APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_