

FAST FAX REPO FORM

Budget Vehicle Recovery
6215 Bells Ferry Road Suite 100 Acworth, Georgia 30102
Phone: 770.516.7373 Fax: 770.516.7374

Your Company Name _____ Date _____

Address _____ City _____ State ____ Zip _____

Your Name _____ Phone _____

Fax # _____ Email _____

Debtor's Information

Debtor's Name	Address	Phone

Places of Employment

Debtor's Employer	Debtor's SSN	Debtor's Phone
Co-Debtor's Employer	Co-Debtor's SSN	Co-Debtor's Phone

Collateral Information

Year	Make	Model	Body (2D,4D,Hatch,Truck,etc)
Color	Tag#		VIN

Comments or Additional Information

Fees

Involuntary: \$ _____ Voluntary: \$ _____

This is your authorization to act as our agents to repossess on sight the collateral listed above. This will certify that we have the right to immediate possession of this collateral. We agree to indemnify and save you harmless from and against any claims, except unlawful acts of your firm. Nothing contained herein should authorize the violation of your state's laws.

Signature: _____ Date: _____