

Order Form

Date Entering Repossession Order *	<input type="text"/>
Client Name *	<input type="text"/>
Client Contact Number *	<input type="text"/>
Client Fax Number *	<input type="text"/>
Client Address	<input type="text"/>
Client Address City	<input type="text"/>
Client Address State	<input type="text"/>
Client Address Zip	<input type="text"/>
Client Rep Name *	<input type="text"/>
Client Rep Direct Phone Number	<input type="text"/>
Client Rep Email	<input type="text"/>
Repossession Order Type * Required	<input type="radio"/> Involuntary Repossession <input type="radio"/> Voluntary Repossession <input type="radio"/> Impound Recovery <input type="radio"/> Field Visit
Account Number	<input type="text"/>
Debtor's Name *	<input type="text"/>
Debtor Date Of Birth	<input type="text"/>
Debtor's Phone Numbers (home, cell)	<input type="text"/>
Debtor Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
ZIP	<input type="text"/>
Debtor's E-mail	<input type="text"/>
Debtor's Place Of Employment (Name)	<input type="text"/>
Debtor Job Title (If	<input type="text"/>

Known)	
POE Phone	<input type="text"/>
POE Address	<input type="text"/>
POE City	<input type="text"/>
POE State	<input type="text"/>
POE Zip	<input type="text"/>
Co-Buyer Name (If Applicable)	<input type="text"/>
Co-Buyer Date Of Birth	<input type="text"/>
Co-Buyer Phone Numbers (Home, Cell)	<input type="text"/>
Co-Buyer Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
Co-Buyer POE Name	<input type="text"/>
Co-Buyer POE Job Title	<input type="text"/>
Co-Buyer POE Phone Number	<input type="text"/>
Co-Buyer POE Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
Vehicle Year *	<input type="text"/>
Make *	<input type="text"/>
Model *	<input type="text"/>
Vehicle Color	<input type="text"/>
Vehicle VIN Number *	<input type="text"/>
Vehicle Body Style	Please Choose One <input type="button" value="v"/>
Vehicle Plate Number	<input type="text"/>
State Licensed	<input type="text"/>
Account Balance	<input type="text"/>

Past Due Amount	<input type="text"/>
Date Past Due	<input type="text"/>
BKO ?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Transport Instructions *	<input type="text"/>
Additional Instructions / Comments	<input type="text"/>
Hold Harmless Agreement	<input checked="" type="radio"/> Agree
New Order Agreement	By Clicking the Submit Order button you are hereby agreeing to the client / agent agreement that is on file with our agency. This form shall serve as our authorization to repossess the collateral discribed. Client agrees to protect and save agent harmless from any and all liability of every kind and nature imposed upon agent as a result of any error, negligence, or omission on the part of the client. Client hereby warrants that they are entitled to the immediate possession of the collateral.
* Required Information	Fields with a * are required fields. If you do not have this information or have other questions regarding submitting a new order, please contact our customer service department at 503-331-0107