

ORDER TO REPOSSESS  
S.T.A.R. RECOVERY, INC.  
11076 70TH AVE, SEMINOLE, FL 33772  
(727) 394-8666  
R 2200023

FINANCIAL INSTITUTION NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

THIS IS YOUR AUTHORIZATION TO REPOSSESS AND IMPOUND THE BELOW DESCRIBED COLLATERAL WHICH IS COVERED BY A DEFAULTED INSTALLMENT CONTRACT OR LEASE AGREEMENT. WE NAME S.T.A.R. RECOVERY AS OUR AGENT FOR REPOSSESSING THE BELOW DESCRIBED VEHICLE.

WE AGREE TO IDEMNIFY, DEFEND, AND SAVE YOU HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS, LOSSES, AND ACTIONS, EXCEPT FOR YOUR UNAUTHORIZED EFFORTS AND/OR ACTIONS WHICH MAY BE ACTS OF OUR COMPANY, ITS OFFICERS, EMPLOYEES OR AGENT. WE UNDERSTAND S.T.A.R. RECOVERY IS BOUND BY THE LAWS OF THE STATE OF FLORIDA, AND ITS SERVICES AND RENDERED SUBJECT TO THE JURISDICTION OF THE LAWS OF THAT STATE.

WE ALSO AGREE THAT IF THE DEBTOR OR THEIR AGENT SHOULD SURRENDER THE COLLATERAL TO ANYONE ELSE DURING THE COURSE OF THIS AGREEMENT IT WILL BE DEEMED TO HAVE BEEN REPOSSESSED BY S.T.A.R. RECOVERY. ANYONE ELSE IS UNDERSTOOD TO MEAN BUT IS NOT LIMITED TO BODY SHOPS, POLICE IMPOUND LOTS, OTHER REPOSSESSORS OR ANY FACILITY UNDER OUR DIRECT OR INDIRECT CONTROL.

ACCOUNT NUMBER: \_\_\_\_\_

INVOLUNTARY:  VOLUNTARY:  IMPOUND:  CHARGE OFF:  SKIP:

YEAR MAKE & MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_

VIN: \_\_\_\_\_ PLATE: \_\_\_\_\_ STATE: \_\_\_\_\_ KEY CODE: \_\_\_\_\_

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BORROWER: \_\_\_\_\_ DL#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME #: \_\_\_\_\_ ALT #: \_\_\_\_\_ MOBILE #: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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CO-BORROWER: \_\_\_\_\_ DL#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME #: \_\_\_\_\_ ALT #: \_\_\_\_\_ MOBILE #: \_\_\_\_\_

CO-BORROWER EMPLOYER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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LOAN BALANCE: \_\_\_\_\_ PAYMENT AMOUNT: \_\_\_\_\_ AMOUNT DUE: \_\_\_\_\_ LAST PAY DATE: \_\_\_\_\_

DELIVERY INSTRUCTIONS: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

PLEASE SIGN & DATE BELOW. EMAIL BACK TO US AT STARRECOVERYFL@GMAIL.COM

QUOTED RECOVERY FEE: \_\_\_\_\_ (ADDITIONAL COST MAY INCUR IF VEHICLE PICKUP IS AT DIFFERENT LOCATION)

SKIP TRACE / TAG SCAN FEE: \_\_\_\_\_ KEY FEE: \_\_\_\_\_

- FEE DOES NOT INCLUDE TOW OUT PRICE

ASSIGNOR PRINTED NAME: \_\_\_\_\_

ASSIGNOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ASSIGNOR DIRECT PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_