

ORDER TO REPOSSESS
S.T.A.R. RECOVERY, INC.
11076 70TH AVE SEMINOLE, FL 33772
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 HIS 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: _____

Borrower: _____ DL#: _____

Address: _____

Home #: _____ Alt #: _____ Mobile #: _____

Employer: _____ Phone #: _____

Address: _____

Co-Borrower: _____ DL#: _____

Address: _____

Home #: _____ Alt #: _____ Mobile #: _____

Co-Borrower Employer: _____ Phone #: _____

Address: _____

Loan Balance: _____ Payment Amount: _____ Amount Due: _____ Last Pay Date: _____

Delivery Instructions: _____

Comments: _____

Please sign & date below and email back to us at starrecoveryfl@gmail.com

Assignor signature: _____ Date: _____

Assignor Direct Phone: _____ Email: _____