



**ONE STOP RECOVERY, LLC.**  
2236 ROME RD. SW  
CALHOUN, GA 30701  
**PHONE: 706-624-1944 FAX: 706-625-7288**



**HOLD HARMLESS AGREEMENT**

**DEBTOR NAME:** \_\_\_\_\_

**COLLATERAL:** YEAR: \_\_\_\_\_  
MAKE: \_\_\_\_\_  
MODEL: \_\_\_\_\_  
COLOR: \_\_\_\_\_  
VIN: \_\_\_\_\_

This is your authorization to act as our agents to repossess, on sight, the above described collateral which is covered by a defaulted installment contract.

We agree to indemnify and save you harmless from and against all claims, damages, losses and actions resulting from or arising out of your efforts to repossess the above described collateral, except however, such as may be caused or arise out of the negligence or unauthorized or illegal acts of your firm, its officers, employees or agents. Nothing contained herein shall be construed to authorize the violation of the laws of your state.

Your special immediate efforts will be appreciated.

Respectfully,

\_\_\_\_\_  
**Signature of Lien Holder**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Contact Name

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**Email:** \_\_\_\_\_