



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



ORDER TO REPOSSESS

FROM:

Company Name

Street Address

City, State, Zip

Contact Name

PHONE: _____ FAX: _____

Email: _____

THIS SHALL SERVE AS AUTHORITY FOR YOUR FIRM TO ACT AS OUR AGENT REGARDING THE ACCOUNT OUTLINED BELOW. WE AGREE TO INDEMNIFY AND SAVE YOU HARMLESS FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES AND ACTIONS RESULTING FROM OR ARISING OUT OF YOUR EFFORT TO REPOSSESS EXCEPT AS MAY BE CAUSED BY NEGLIGENCE OR UNAUTHORIZED ACTS BY YOU OR AGENTS REPRESENTING YOU.

DEBTOR INFORMATION

Debtor: _____

Address: _____

Phone: _____

Employer: _____

Address: _____

COLLATERAL INFORMATION

Collateral: _____

VIN #: _____

Color: _____

Special Instructions: _____

Approved By: _____