

AUTHORIZATION AND HOLD HARMLESS

BORROWER INFORMATION

Date Assigned: _____

Company Name: _____ Account #: _____

Debtor: _____ Social Security #: _____

Address: _____

Phone #: _____

POE: _____ Phone #: _____ VERIFIED

Address: _____

Co-debtor: _____ Social Security #: _____

Address: _____

Phone #: _____

POE: _____ Phone #: _____ VERIFIED

Address: _____

COLLATERAL INFORMATION

Year: _____ Make: _____ Model: _____

VIN #: _____ Key Code: _____

Color: _____ License Plate: _____ State: _____

ACCOUNT INFORMATION

Unpaid Balance: _____ Amount Past Due: _____

Payment Amount: _____ Next Payment Due: _____

COMMENTS [] INVOLUNTARY [] VOLUNTARY [] FIELD VISIT

This is your authorization to act as our agent to collect and/or repossess on sight, the above collateral which is covered by contract. You are not to reassign if no longer in your service area, unless approved. Report findings and send detailed report with invoice. We agree to indemnify and save you harmless from and against any and all claims, including court costs, reasonable attorney fees and other expense of litigation, except for unauthorized acts of your firm. This indemnification is granted as considered for your acting as our agent. It is agreed that this contract is executed within your state and that the laws of your state shall be applicable. When there are two states acknowledge and keep us fully informed.

CLIENT INFORMATION Contact Name: _____

Email Address: _____ Phone: _____ Fax: _____

Billing address: _____

Authorization Signature (Required): _____

THANK YOU FOR YOUR BUSINESS.

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