



**AUTHORIZATION TO REPOSSESS
& HOLD HARMLESS**

Phone: 800-953-4428

FAX: (800) 570-7438

TO: JD RECOVERY

This is your authorization to reposses, impound and transport across state lines the above-described collateral which is covered by a defaulted installment contract or lease agreement. We name JD Recovery as our exclusive agents for repossessing the above described collateral. This means that any agent we have previously engaged is no longer authorized to repossess this collateral unless they are subsequently authorized to do so by JD Recovery.

We agree to indemnify, 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 agents. We understand that JD Recovery, under it's corporate charter, is bound by the laws of the State of Nevada, and it's services are rendered subject to the jurisdiction of the laws of that state.

Should the collateral be found with repair charges and or storage charges incurred in such an amount that they exceed our estimate of the value of the collateral, JD Recovery's fee will never exceed the salvage value of the collateral or we will tender a negotiable title to the collateral in lieu of your fees. I understand that I will be charged a percentage of the collateral value for skip tracing. I also understand this is a contingent repossession and I will not be charged unless the collateral is repossessed, as described at <http://JD Recovery.com/repossession-rates.htm>. We will pay a \$200.00 closeout fee if we cancel this repo assignment prior to the 90 days.

We also agree that if the debtor or his agent(s) should surrender the collateral to anyone else during the term of this agreement it will be deemed to have been repossessed by JD Recovery Anyone else is understood to mean but is not limited to, body shops, police impound lots, other repossessors or to any facility under our direct or indirect control. Your special immediate efforts will be appreciated.

DESCRIPTION OF COLLATERAL:	YR. ____	MAKE _____	MODEL _____	COLOR _____
KEY CODES: _____		VIN #: _____		
DEBTOR/LESSEES NAME: _____				
DEBTOR SSN: _____				
DATE: _____	MONTHLY PAYMENT _____	OUTSTANDING BAL: _____		
COMPANY NAME: _____		PHONE #: _____		
ADDRESS: _____		FAX #: _____		
CONTACT NAME: _____				
YOUR SIGNATURE: _____				