



CIB Recovery, INC

Recovery Specialists

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Repossession Order

INVOLUNTARY VOLUNTARY

Date: _____ Client/Lienholder: _____

Debtor: _____ DOB: _____ SS# _____

Present Address _____

City _____ State _____ Zip _____

Phone#(____) _____ Cell Phone#(____) _____

POE: _____ Address _____

POE Phone: _____

Spouse: _____ DOB: _____ SS# _____

Present Address _____

City _____ State _____ Zip _____

Phone#(____) _____ Cell Phone#(____) _____

POE: _____ Address _____

POE Phone: _____

Co-Debtor: _____ DOB: _____ SS# _____

Present Address _____

City _____ State _____ Zip _____

Phone#(____) _____ Cell Phone#(____) _____

POE: _____ Address _____

POE Phone: _____

References: please attach list. Any additional info ie: a copy of the original credit application, last contact info, and relatives is all helpful.

Loan/Acct# _____

Collateral: Year: _____ Make: _____ Model: _____

Color: _____ Key Code: _____ License: _____

VIN: _____

Loan # _____

Account Balance \$ _____ Mthly Pymt\$ _____ Amt Due\$ _____ DLP _____

This is your authorization for CIB to attempt to collect and/or repossess, on site, the above-mentioned collateral which is covered by a default installment contract. You will indemnify, defend and hold harmless CIB and all of its direct and indirect officers, directors, employees, agents successors and assigns from any liabilities, damages (including taxes), and all related cost and expenses, except any claims or damages arising from any unlawful or negligent acts committed by CIB.

Address: _____ Assignee: _____ Ext _____

Phone # _____ Fax # _____

By: _____

Signature

Title

Date

Printed Name _____