	Hold Harmle	-	ement	
Panhandle Recovery Services		Date: Acct#:		
Client/Lien Holder				
Address:				
City:		State:	Zip:	
Phone:			Fax:	
Assigned By:		Extension:		
Debtor				
Address:				
City:		State:	Zip:	
Phone:	Cell / Page	er:		
Work:			Phone:	
City:		State:	Zip:	
ADDITIONAL INFO				
VEHICLE INFORMATION				
Year: Make:		Model:		
VIN:			Color:	
Key Code 1:		Key Code 2:		
PAYMENT INFORMATION Monthly Payment:	Delinquent Sin	ce:	Balance on Account:	
This is your authorization to pr	ocess for collection	or reposses	sion of the above described assignmer	nt.

We agree to indemnify and hold you harmless from and against any and all claims, damage, losses and action resulting from or arising out of our efforts to collect or repossess the above claim, except, however, such as may be caused or arisen out of negligence or unauthorized acts of your company, it's officers, employees, or the officers or employees of such agents.

## Authorized By [ Please Print ]:

Signature

Date