



## REPOSSESSION ORDER

FAX: 281.442.2393 EMAIL: INFO@PREMIERADJUSTERS.COM

**ONCE COMPLETE SELECT SUBMIT FORM**

Date	Acct#	Email	
Lienholder	Attn		
Address	City/State	Zip Code	
Phone #	Ext	Fax #	
<input type="checkbox"/> Involuntary Repossession	<input type="checkbox"/> Voluntary Repossession	<input type="checkbox"/> Field Call	<input type="checkbox"/> Pictures/Condition Report Only
Debtor	SS #	DOB	
Address			
Phone #	Spouse/Co-Signer		
Customer's Employment			
Spouse/Co-Signer SS #	DOB		
Spouse/Co-Signer Employment			
Year	Make	Model	
VIN #	License #	State	Year
Color	Key Codes		
Unpaid Balance	Monthly Payments	Past Due For	
Special Instructions or Comments			

This assignment is sent to Premier Adjusters, Inc. with the understanding that no accounts are worked on a Contingency Basis!

This is authorization for Premier Adjusters, Inc. to act as our agent to collect or repossess the above collateral. We agree to indemnify and hold you harmless from and against any and all claims, damages, losses and actions including reasonable attorney fees, resulting from and arising out of your efforts to collect and or repossess claims, except, however, as such may be caused by or arise out of negligence or unauthorized acts on the part of you, your company, its officers, employees or its agents.

I attest that I am an employee and/or agent for the above listed Lienholder and as such do hereby authorize Premier Adjusters, Inc. to proceed with the instructions which I have noted above regarding this account.

Authorized Signature: \_\_\_\_\_

**SUBMIT FORM** 

Visit our website for electronic assignments at: [www.premieradjusters.com](http://www.premieradjusters.com)