

I.R.S.

International Recovery Systems

**PO Box 1488 – 520 Pusey Ave. Ste 210
Collingdale, PA 19023
Phone: 610-534-0404 Fax: 267-350-8974
E-mail: info@irsrepo.com**

DEBTOR: _____ ACCOUNT# _____

ADDRESS: _____ CITY: _____ STATE/ZIP _____

SSN: _____ DOB: _____ HOME PHONE: _____

PLACE OF EMPLOYMENT _____ POE PHONE: _____

ADDRESS: _____ CITY _____ STATE/ZIP: _____

CO-BUYER: _____ COB ADDRESS: _____

COB SSN: _____ DOB: _____ COB/POE: _____

CITY: _____ STATE/ZIP _____

VIN: _____ LICENSE PLATE _____ STATE: ____ COLOR: _____

YEAR: ____ MAKE: _____ MODEL: _____ KEY CODE: _____

INSTRUCTIONS: _____

Please send all customer information including additional references and a copy of the title!

This is your authorization to act as our agent to collect and/or repossess on sight, the above collateral which is covered by a defaulted contract.

Contractor shall fully protect, indemnify and hold harmless and defend Client and each of Client's affiliates, subsidiaries and parents, their respective directors, officers, employees, agents, insurers, attorneys, successors and assigns, for any and all loss demands, penalties, interest, actions or causes of action whatsoever, including costs, expenses and reasonable attorneys fees, in any manner arising out of, related to or in connection with, the performance of services by Contractor or any subcontractor, assignee or agent of Contractor resulting from: any breach of this Agreement; the violation of any federal, state or local law, rule, regulation, or ordinance; or any intentional or negligent act or omission or willful misconduct of Contractor or its subcontractors or their officers, agents or employees.

Client shall fully protect, indemnify and hold harmless and defend Contractor and each of Contractor's affiliates, subsidiaries and parents, their respective directors, officers, employees, agents, insurers, attorneys, successors, assigns and Contractor's approved subcontractors, for any and all loss, demands, penalties, interest, actions or causes of action whatsoever, including costs, expenses and violation of any federal, state or local law, rule, regulation or ordinance; or any intentional or negligent act or omission or willful misconduct of Client or their officers, agents or employees.

CLIENT SIGNATURE: _____ **DATE:** _____

PHONE: _____ **FAX:** _____