

AUTHORIZATION TO REPOSSESS & HOLD HARMLESS

This is your authorization to repossess, impound and transport across state lines the above-described collateral which is covered by a defaulted installment contract or lease agreement. We name Resolution Recovery Inc. 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 Resolution Recovery Inc.

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 Resolution Recovery Inc. under it's corporate charter, is bound by the laws of the State of Missouri, 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, Resolution Recovery Inc.'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 \$50.00 per hour for skip tracing. We will pay a \$100.00 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 RESOLUTION RECOVERY INC. 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.

Collateral Description: YR. _____ Make _____ Model _____ Color _____
VIN: _____ Key Codes: _____
Debtor/Lessees Name: _____
Debtor SSN: _____ Date: _____

Your Signature: _____ Company Name: _____
Contact Name: _____ Address: _____
Phone Number: _____ Fax Number: _____