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License No's: RA269, 561

ASSIGNMENT AGREEMENT

Date:	Туре:			Type If Other:							
CLIENT/LIEN HOLDER:											
Street:											
City:			State:			Zip:					
Assigned by:					Email:	ail:					
Phone:	one: Ext:				Fax:	x:					
DEBTOR:		S	SN:				Account:				
Home Address:											
City:		State:			Zip:						
Home Phone:			Mobil	Mobile:							
Place of Work:				Phone:						Ext:	
Street:											
City:			State:			Zip:					
VEHICLE MAKE:	Model:					Year: Colo		Color:			
VIN:				Plate	ate:						
Monthly Payment:	lonthly Payment: Delinquer			it Since:				Balance Due:			
ADDITIONAL INFO:											
This is your authorization to process for collection or repossession the above described assignment. 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 he above claim, except, however, such as may be caused or arise 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 or type)											
Signature:					Date:						