

# A&D Adjusters, Inc.

Date: \_\_\_\_\_ 20\_\_

13932 Seaboard Circle, Garden Grove, Ca. 92843

Time: \_\_\_\_\_ am/pm

Ph. 714-638-0800, Fax. 714-638-0828, Email=dean@andadjusters.com

## REPOSSESSION ORDER

Legal Owner: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Authorizing Person \_\_\_\_\_ Account# \_\_\_\_\_

Debtors Name \_\_\_\_\_ Co/Debtors Name \_\_\_\_\_

Phone# \_\_\_\_\_ CELL \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Co/X Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Additional Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

**CIRCLE TYPE: VOL INVOL IMPOUND FIELD VISIT PICS/C-R ONLY TRANSPORT**

VEHICLE YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_

VIN# \_\_\_\_\_ Lic# \_\_\_\_\_ EXP \_\_\_\_\_

BALANCE \_\_\_\_\_ PAYMENT \_\_\_\_\_ PAST DUE \_\_\_\_\_ LAST PAID \_\_\_\_\_

### AUTHORIZATION

*We hereby Assign A&D Adjusters, Inc. the above claim and certify that the Information supplied concerning this account and its present status is accurate and in accord with our records. You are to be reimbursed for your charges and expenses at your rate schedule agreement in affecting collection or adjustment of this account as requested. We agree to indemnify and hold you harmless from and against any and all claims, damages, losses, and actions resulting from or arising out of your efforts to collect the above claim. Except however such may be caused or arise out of acts or omissions of your company, its officers, employees or agents or the officers or employees of such agents for which you agree to save and hold harmless.*

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_