JACKSONVILLE REPO COMPANY
NORTHEAST FLORIDA RECOVERY

AUTHORIZATION TO REPOSSESS & HOLD HARMLESS

To: Jacksonville Repo Company Phone: 904-552-4090 Email: repo@jacksonevillerepocompany.com

This is your authorization to repossess, impound, make keys and transport across state lines the above-described collateral which is covered by a defaulted installment contract or lease agreement. We name Jacksonville Repo Company as our exclusive agent for repossessing the collateral described below. 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 Jacksonville Repo Company.

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 Jacksonville Repo Company, under its corporate charter, is bound by the laws of the State of Florida, and its 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, Jacksonville Repo Company'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

repossession fee and I will not be charged unless the collateral is repossessed, as described at https://jacksonvillerepocompany.com/pricing. We will pay a $200.00 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 Jacksonville Repo Company. Anyone else is understood to mean, but is not limited to, body shops, police impound lots, other repossessors, or any facility under our direct or indirect control.

COLLATERAL DESCRIPTION

YR.: _____ MAKE: _____ MODEL: _____ COLOR: _____

VIN: _____

DEBTOR/LESSEE'S NAME: _____

DEBTOR SSN: _____

DATE: _____ MONTHLY PAYMENT: _____ OUTSTANDING BAL.: _____

SIGN HERE: _____ COMPANY NAME: _____

CONTACT NAME: _____ E-MAIL: _____

ADDRESS: _____

PHONE NUMBER: _____