

Hold Harmless Agreement

Imperial Recovery Agency

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Lexington, KY 40508
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E-mail: imperial.recovery@yahoo.com

Date: _____

Acct#: _____

Assignment Type:

INVOLUNTARY _____ VOLUNTARY _____

Client/Lien Holder

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Assigned By: _____

Extension: _____

Debtor

Address: _____

DEBTOR D.O.B. - _____

DEBTOR S.S.# - _____

City: _____

State: _____

Zip: _____

Phone: _____

Cell / Pager: _____

Work: _____

Phone: _____

City: _____

State: _____

Zip: _____

CO-DEBTOR FIRST NAME: _____

CO-DEBTOR LAST NAME: _____

CO-DEBTOR D.O.B. - _____

CO-DEBTOR SS # - _____

CO-DEBTOR ADDRESS - _____

CITY: _____

STATE: _____

ZIP: _____

ADDITIONAL INFO

VEHICLE INFORMATION

Year: _____

Make: _____

Model: _____

VIN: _____

Color: _____

Key Code 1: _____

Key Code 2: _____

PAYMENT INFORMATION

Monthly Payment: _____

Delinquent Since: _____

Balance on Account: _____

This is your authorization to process for collection or repossession of 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 the above claim, except, however, such as may be caused or arisen 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]:

Signature _____

Date _____

Signature _____

Date _____