

ORDER TO REPOSSESS

Date: _____

STERLING ASSET RECOVERY, INC.

17216 Saticoy St, Box 426, Van Nuys, CA 91406

LA Office, RA1714: 818-786-7376, Fax 818-933-3215

Riverside Office, RA1705: 909 590-9400, Fax 909 628-1333

Ventura Office, RA1713: 805-658-3333, Fax 805-658-0011

Legal Owner/Client: _____

Name

Assignor/Collector Name

Address/City/State

Assignor/Collector Direct Line

TELEPHONE NUMBER

E-MAIL ADDRESS

THE UNDERSIGNED (THE "CLIENT") HEREBY REPRESENTS AND WARRANTS THAT CLIENT HAS A VALID INTEREST IN THE COLLATERAL DESCRIBED BELOW AND HAS A LEGAL RIGHT TO IMMEDIATE POSSESSION OF SAID COLLATERAL. THEREFORE, CLIENT AUTHORIZES STERLING ASSET RECOVERY, INC., ITS EMPLOYEES AND AGENTS (COLLECTIVELY, "STERLING") TO REPOSSESS THE COLLATERAL DESCRIBED BELOW. FURTHERMORE, CLIENT AGREES TO INDEMNIFY AND DEFEND STERLING AND HOLD STERLING HARMLESS FROM ANY AND ALL LIABILITY ARISING OUT OF THE REPOSSESSION RESULTING FROM ANY NEGLIGENCE, ERROR OR OMISSION BY THE CLIENT, INCLUDING ANY ERRORS REGARDING CLIENT'S RIGHT TO POSSESSION OF SUCH COLLATERAL. IT IS UNDERSTOOD THAT STERLING WILL ACT AS AN INDEPENDENT CONTRACTOR WHILE MAKING SUCH REPOSSESSION AND THAT CLIENT HAS NO RIGHT TO CONTROL AND DIRECT THE MANNER IN WHICH STERLING PERFORMS SUCH SERVICES. THE TIME, MANNER AND METHOD OF PERFORMANCE OF SUCH SERVICES SHALL BE DETERMINED BY STERLING IN ITS SOLE DISCRETION. CLIENT AGREES TO IMMEDIATELY NOTIFY STERLING OF ANY SETTLEMENTS MADE BY CLIENT OR IF CLIENT LOSES THE LEGAL RIGHT TO REPOSSESS THE COLLATERAL SO THAT STERLING CAN CEASE ITS REPOSSESSION EFFORTS. UNLESS OTHERWISE AGREED TO OR SPECIFIED, CLIENT AGREES TO PAY STERLING'S STANDARD RATES, FEES AND EXPENSES OR SUCH FEES AND EXPENSES SPECIFIED AND AGREED TO BY CLIENT AND STERLING. TO THE EXTENT ANY LEGAL DISPUTES ARISE OUT OF THIS ASSIGNMENT, BY SIGNING BELOW, CLIENT AGREES THAT SUCH DISPUTES SHALL BE GOVERNED BY THE LAWS OF THE STATE OF CALIFORNIA AND ALL SUCH ACTIONS MAY ONLY BE BROUGHT AND ADJUDICATED IN THE STATE OF CALIFORNIA.

Account Number: _____ Year, Make & Model _____

VIN Number: _____ License Plate/State _____

Color: _____ Key Code: _____

Borrower/Lessee: _____ SSN: _____ DOB: _____

Home Address _____ City _____ Zip _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Employer Name: _____ Work Phone: _____

Employer Address _____ City _____ ZIP _____

Spouse/Co-Borrower: _____ SSN: _____ DOB: _____

Home Address _____ City _____ ZIP _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Employer Name: _____ Work Phone: _____

Employer Address (Complete): _____ City _____ ZIP _____

Comments/Special Instructions: _____

Delivery Instructions: _____

Assigned By (Please PRINT)

Assigned By (Signature)