

Recovery Manager
725 S. Nova Rd #101
Ormond Beach, FL 32174
Office: (386) 676-9817 - Cell: (386) 527-3062

Hold Harmless

Involuntary Repossession

Case #: 03-12002

004876

Date: 12/5/2003

Legal Owner: American General Finance

Acct #: 123456789

DEBTORS NAME Customer, Joe

CO-MAKER Customer, Mary

Address: 1608 N US 1
 Ormond Beach FL 32174
 Phone #: (607) 936-8919 Disc
 Cell #: Disc

Address: 1339 Jarecki Ave
 Ormond Beach FL 32174
 Phone #: (607) 962-4885 Disc
 Cell #: Disc

Drivers License #: W-650-665-62-362-0
 Social Security #: 120-57-1899 - New York
 Date Of Birth: 10/30/62 Age: 44

Drivers License #: W-650-665-62-362-
 Social Security #: 063-55-5555 - New York
 Date Of Birth: 05/25/62 Age: 44

DEBTOR EMPLOYMENT

CO-MAKER EMPLOYMENT

Debtors : Peninsula Rehab Center
 Verified : 248 Oceanshore Blvd
 NLE : Ormond Beach FL 32174
 Phone#: (386) 676-9817

CoMakers : Daytona Bolt & Nut
 Verified : 111 Elizabeth Street
 NLE : Holly Hill FL 32117
 Phone#: (386) 734-6777

COLLATERAL

Year/Make/Model: 2007 Mitsubishi Eclipse
 Vin#: 4A3AK34T17E004876
 Key Codes: ABCD1234 Trim: GT

Body: 2Dr Hatchb DriveTrain: FWD
 Color: White Trans: AT
 Tag#: FXV54Y Engine: V-6 4 LI

OTHER INFO

ASSIGNED TO: Admin

410 NIGHTINGALE CT
 WHEATLAND, CA 95692

Balance Due: \$15,000.00 Amount Due: \$2,301.55 Past Due From: 2/11/2003 Mo. Pmt: \$757.46

This is your authorization as an agent for Recovery Manager or an independent contractor for Recovery Manager to secure, transport or repossess, on site, the above mentioned collateral which is covered by a default installment contract. You are hereby indemnified and held harmless and against all claims, damages, losses and action resulting from arising out of your efforts to the above claim, except, however, such as may be caused by independent contractor. The fee of \$1,000.00 is a contingent fee and Recovery Manager shall not be required to pay any additional fees for such service. The foregoing includes mileage, keys, driver charges and up to days storage if applicable. Any fees in addition will not be paid by Recovery Manager unless agreed prior to performance of the service by a duly authorized agent of Recovery Manager.

A fee of after days is authorized. You are to bill Recovery Manager after collateral has been delivered or released to authorized agent or other authorized part requested by this facility or secured party only.

Fee	Days	Fee 2	Days 2
\$1,000.00			

Accepted By: _____

Date: _____