



**CLIENT INFORMATION:**

Client:  Contact:  Date:   
Address:   
Phone:  Fax:  Assignment Type:   
Email:

**COLLATERAL INFORMATION:**

Year:  Make:  Model:  Color:  Key Code:   
VIN #:  License:  State:

**BORROWER INFORMATION:**

Name:  Spouse:   
SS #:  SS #:   
DOB:  DOB:   
Address:  Home Phone:   
Email:  Fax:   
City:  State:  Zip:   
Employer:  Occupation:   
Address:  Work Phone:   
City:  State:  Zip:

**BALANCE INFORMATION:**

Original Balance: \$  Balance Remaining: \$  Last Pay Date:   
Monthly Payment:\$  Amount Past Due: \$  Account Number:

**After collateral is repossessed take to:**  
**(if unknown it will go to TRI storage)**

**HOLD HARMLESS AGREEMENT**

agrees to hold Thomas Recovery, Inc., harmless from any and all damages, losses, claims, and actions resulting from and or arising out of your effort to handle this assignment, with the exception of negligence, or unauthorized actions of your agency or those who represent it.

Name/Title:

**COMMENTS**

Please forward any paperwork, history notes, or other information (relatives, references, etc) pertaining to this file that would be helpful in our efforts to recover your collateral.

*Thank you for your business; we realize you could have assigned this account with another Agency. Our goal is to meet your asset recovery needs - please let us know if there is any way we can improve our service to you.*