Order For Repossession(OFR) Date:_____

Midwest Auto Recovery LLC. South Milwaukee, WI 53172

Date:_____ Account:_____

VEHICLE INFORMATION

INVOLUNTARY: _____ VOLUNTARY: ____ IMPOUND: _____

VEHICLE YEAR: _____ MAKE:_____ MODEL:_____

VIN # _____PLATE:_____ COLOR: _____

Date of Purchase:_____

DEBTOR INFORMATION:

NAME:_____ CELL#_____

ADDRESS:_____ CITY:_____

STATE:_____ ZIP: _____

EMPLOYER INFORMATION:

NAME:_____

ADDRESS:_____ CITY:_____

STATE:_____ ZIP: _____

SPECIAL INSTRUCTIONS:

_____

_____

By signing below, I acknowledge and agree to all terms/conditions and fee schedule included in the packet. I also authorize Midwest Auto Recovery LLC to act on our behalf and we indemnify and hold them harmless from and against all claims, damages, losses, and actions, including any attorneys fee resulting from and arising out of your efforts to collect and/or repossess claims, except however, such as may be caused by or arise out of negligence or unauthorized act on the part you, your company, it's officers, employees or it's agents. I understand I will be responsible for any and all legal fees, including attorneys fee, should legal action arise.

AUTHORIZED ASSIGNOR: _____

FINANCIAL INSTITUTION:_____

ADDRESS: _____ CITY: _____ STATE:_____ ZIP: _____

TELEPHONE: _____ EXT:_____FAX:_____

ASSIGNOR SIGNATURE: _____

Please Sign & Date above and Email to Midwest Auto Recovery at: **midwestautorecovery@gmail.com**