



PORTLAND AUTO RECOVERY

Tel: 503-683-3432

Fax: 800-948-4910

Repo@PortlandAutoRecovery.com

**AUTHORIZATION TO REPOSSESS COLLATERAL
AND HOLD HARMLESS AGREEMENT**

DATE: _____

AGENCY: **O.T. Inc d/b/a PORTLAND AUTO RECOVERY**
844 N Rainbow Blvd. Suite 173
Las Vegas, NV 89107
TEL 503-683-3432 FAX 800-948-4910

DEBTOR NAME(s) _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

VEHICLE YEAR _____ **MAKE** _____ **MODEL** _____

VIN# _____ **PLATE** _____ **COLOR** _____

SPECIAL INSTRUCTIONS/NOTES: _____

Please note this is your authorization to act as our agent(s) to collect or repossess the above collateral. I understand we will be charged a fee for your efforts in recovering the collateral if we cancel or place a hold on the assignment before you recover the collateral. We agree to indemnify and hold you harmless from and against any and all claims, damages, losses and actions, including reasonable attorney fees, resulting from and arising out of your efforts to collect and or repossess claims, except such caused by or arise out of negligence or unauthorized act on the part of you, your company, its offices, employees or its agents.

DATE _____
Authorized Officer Signature _____

LEGAL OWNER _____

ADDRESS _____

TELEPHONE _____

EMAIL _____

When completed, FAX TO: 800-948-4910 or Scan and Email.

Please also include any other important documentation regarding this file that you may have.