

# Regor Recovery LLC

P.O. Box 498

Woodbridge VA 22194

Phone: 703-494-5932 Fax: 703-494-5783

Date: \_\_\_\_\_ ASSIGNMENT TYPE: \_\_\_\_\_ Your Account No. \_\_\_\_\_

**Client/Legal Owner:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Assigned By: \_\_\_\_\_ Extension: \_\_\_\_\_

**DEBTOR:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell / Pager: \_\_\_\_\_

Work: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

**ADDITIONAL INFO:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## VEHICLE INFORMATION

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ TAG: \_\_\_\_\_

VIN: \_\_\_\_\_ COLOR: \_\_\_\_\_

KEY CODE 1: \_\_\_\_\_ KEY CODE 2: \_\_\_\_\_

## PAYMENT INFORMATION

Monthly Payment: \_\_\_\_\_ Delinquent Since: \_\_\_\_\_ Balance on Account: \_\_\_\_\_

This is your authorization to process for collection or repossession of the above described assignment. We agree to indemnify and save you harmless from and against any and all claims, damage, losses and action resulting from or arising out of our efforts to collect or repossess the above claim, except, however such as may be caused or arises out of negligence or unauthorized acts of your company, it's officers, employees, or the officers or employees of such agents.

Authorized By [ Print Please] \_\_\_\_\_

Authorized Signature & Date: \_\_\_\_\_