Repossession Assignment Sheet

Automobile Recovery Bureau, Inc.
P.O. Box 450205
Houston TX 77245
Phone 713-869-6543
800-231-0145
Fax 713-880-4525

Date_____Your Account Number (if applicable)_____

Debtor's Name_____

Addr_____City_____State_____Zip_____

Phone numbers_____

Employment_____Addr_____

SS#_____DOB_____DL_____State_____

Co-Maker _____Address_____

City_____State_____Zip_____

Phone Numbers_____

Employment_____Addr_____

SS#_____DOB_____DL_____State_____

Date of last contact with debtor_____Type of communication_____

Bal Owed $_____Monthly Pmt_____Amt Past Due_____

Date last paid_____

INSTRUCTIONS Repo on sight __ Other_____

VEHICLE Year _____Make _____Model _____Color_____

VIN #_____

License Plate_____ State _____Key Code_____

Are you a car dealer?_____ A financial institution?_____ A finance company?_____

Your Name _____Company Name_____

Address_____

Phone #_____Ext _____Fax #_____