

# CAM EQUIPMENT SOLUTIONS

27008 FM 2978, Unit C, Magnolia Texas 77354

Office: (713) 955-4847

## REPOSESSION TYPE:

Involuntary

Voluntary

DATE: \_\_\_\_\_

Company Name: \_\_\_\_\_ Your Name: \_\_\_\_\_

Company Address: \_\_\_\_\_ Acct # \_\_\_\_\_

Company City, State, Zip: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### DEBTOR

Debtor Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### Comaker

Comaker Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

#### Debtor

#### Comaker

	Debtor	Comaker
<b>Employer</b>		
<b>SSN#</b>		
<b>DOB</b>		

### COLLATERAL

Year/Make/Model: \_\_\_\_\_ Body: \_\_\_\_\_

VIN#: \_\_\_\_\_ Color: \_\_\_\_\_ Key Codes: \_\_\_\_\_ Tag#: \_\_\_\_\_

Balance Due: \_\_\_\_\_ Amount Due: \_\_\_\_\_ Past Due From \_\_\_\_\_ Mo. Pmt \$ \_\_\_\_\_

### OTHER INFORMATION

THIS IS YOUR AUTHORIZATION TO ACT AS OUR AGENTS TO REPOSSESS ON-SITE THE COLLATERAL LISTED ABOVE. THIS ALSO CERTIFIES THAT WE HAVE THE RIGHT TO IMMEDIATE REPOSESSION OF THIS COLLATERAL. WE AGREE TO INDEMNIFY AND SAVE YOU HARMLESS FROM AND AGAINST ANY CLAIMS, EXCEPT UNLAWFUL ACTS OF YOUR FIRM. NOTHING CONTAINED HEREIN AUTHORIZES THE VIOLATION OF YOUR STATE'S LAWS.

SIGNATURE: \_\_\_\_\_