

# AUTHORIZATION AND HOLD HARMLESS

## Terms Agreed

If vehicle cannot be located within a 6 month time span, and no new leads have been provided or surfaced, account will be closed and billed at the agreed upon close rate with net payment being required within 30 days.

Continued use and submission of this form confirms your agreement to the terms listed above and below.

**PREMIER FINANC ADJUSTERS**  
P.O. BOX 17336  
PITTSBURGH, PA 15235  
TOLL FREE: 800.882.3092  
WWW.PFA-USA.COM  
FAX: 724.498.0919

### BORROWER INFORMATION

Date Assigned: \_\_\_\_\_

Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Debtor: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

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

POE: \_\_\_\_\_ Phone #: \_\_\_\_\_  VERIFIED

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

Co-debtor: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

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

POE: \_\_\_\_\_ Phone #: \_\_\_\_\_  VERIFIED

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

### COLLATERAL INFORMATION

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN #: \_\_\_\_\_ Key Code: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate: \_\_\_\_\_ State: \_\_\_\_\_

### ACCOUNT INFORMATION

Unpaid Balance: \_\_\_\_\_ Amount Past Due: \_\_\_\_\_

Payment Amount: \_\_\_\_\_ Next Payment Due: \_\_\_\_\_

COMMENTS  INVOLUNTARY  VOLUNTARY  FIELD VISIT

This is your authorization to act as our agent to collect and/or repossess on sight, the above collateral which is covered by contract. You are not to reassign if no longer in your service area, unless approved. Report findings and send detailed report with invoice. We agree to indemnify and save you harmless from and against any and all claims, including court costs, reasonable attorney fees and other expense of litigation, except for unauthorized acts of your firm. This indemnification is granted as considered for your acting as our agent. It is agreed that this contract is executed within your state and that the laws of your state shall be applicable. When there are two states acknowledge and keep us fully informed.

CLIENT INFORMATION Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing address: \_\_\_\_\_

Authorization Signature (Required): \_\_\_\_\_

**THANK YOU FOR YOUR BUSINESS.**