IMPOUND ORDER

Order Date:

CLIENT
CLIENT NAME
ANY STREET USA
CITY   ST ZIP
Name: Contact Name
Tel. #:   Ext #:
Fax #:
Client Acc#:

XYZ RECOVERY
P.O. BOX 1111

PH: (A/C) 555-1212
FX: (A/C) 555-1211

LEGAL LIEN HOLDER

ACCOUNT #: _____

Debtor:		Hm#:	Wk#:		
Address:		City:		State:	Zip:
Employer:					
Address:		City:		State:	Zip:
SS#:	D.O.B.:				

Co-Maker:		Hm#:	Wk#:		
Address:		City:		State:	Zip:
Employer:					
Address:		City:		State:	Zip:
SS#:	D.O.B.:				

Year:	Make:	Model:
Vin #:		Tag:
Color:		Key Code:

Current Balance:	Past Due Amount:	Date Due:
Payment Amount:		

SPECIAL INSTRUCTIONS

ADJUSTERS REPORT

DATE RECOVERED:	DATE CLOSED:	BY:

RECOVERED AT: TIME OF RECOVERY:

DEPT. CALLED: TIME CALLED: BADGE / NAME:

MILAGE: OUT OF POCKET: L/H NOTIFIED: TAG?: Y / N

INV: DAMAGE?: Y / N   KEYS?: Y / N   DRIVABLE?: Y / N   PROPERTY?: Y / N