Interlink Recovery Services

399 Brentwood Dr.
Greenville, PA 16125

Phone: 724.646.2700
Fax: 724.646.1565

ASSIGNMENT

Client: _____Acct #:_____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Debtor: _____ DOB: _____SS#:_____-___-_____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

POE: _____ Address: _____

City: _____ State: _____ Zip Code: _____

POE Phone: _____ Email Add: _____

Co-Maker: _____ DOB: _____SS#:_____-____-_____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

POE: _____ Address: _____

City: _____ State: _____ Zip Code: _____

POE Phone: _____ Email Add: _____

Additional Info/Ref: _____

Year: _____ Make: _____ Model: _____ Tag: _____ State: _____

VIN: ___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/ Color: _____

Key Code 1: _____ Key Code 2: _____Assigned through NFA_____ ARA_____ TFA ____

Monthly PYMT: _____ Past Due: _____ Delinquent Since: _____ Balance: _____

This is your authorization to process for collection, location, or repossession of the above described assignment. We agree to indemnify and save you harmless from and against any claims, damage, losses, and action resulting from or arising out of your efforts to collect, locate or repossess the above claim, except, however such as may because 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): _____ Email/Ext: _____/_____

Authorized Signature: _____ Date: _____