



Southwest Recovery, Inc.

PO Box 511096
Punta Gorda, FL 33951
Office: 800-775-REPO
Fax: : 800-278-5177

INFO@SOUTHWESTRECOVERYINC.COM
WWW.SOUTHWESTRECOVERYINC.COM

2023

Information Package

“Your Professional Collateral Recovery Agency”

Southwest Recovery, Inc.

3061 Cardiff Street, Punta Gorda, FL 33983
Wk: 941-766-1300 Fx: 941-766-1312
FL STATE LICENSE: R2300006

PO Box 511096, Punta Gorda, FL 33951
E-Mail: info@southwestrecoveryinc.com
Web Site: www.southwestrecoveryinc.com

We would like to take this opportunity to give you a short introduction to our Company.

SOUTHWEST RECOVERY, INC. is a Family Owned collateral recovery business serving ten counties in Southwest Florida. We are interested in joining your network of Repossession Agents and assure that you will be pleased with the level of professionalism here at SWR.

SOUTHWEST RECOVERY, INC. is a member of the **American Recovery Association** and **Eagle Group XX**. We are insured through Harding Brooks Agency. We use Recovery Database Network (RDN) IREPO amongst other portals. Our field agents are **CARS*** certified and licensed with the State of Florida; our office staff is also **CARS*** certified as well.

You will find that here at SWR our staff will represent your interest in a confidential, courteous, respectful and safe manner. We are in compliance with the industry's standards. Our staff is here to help you with all your recovery needs which, not only includes automobiles, SUVs and Pick-up Trucks, we also specialize in recreational vehicles such as Motor Homes, Fifth Wheels, Travel Trailers, Personal Water Craft, Boats and Yachts up to 60'. We have various car and boat trailers to help with the recovery.

Attached is our Company Package. Please feel free to call our office regarding pricing and any other questions you may have so we can better accommodate your organization.

I look forward to a future business relationship with your firm.

Sincerely yours

SOUTHWEST RECOVERY, INC.

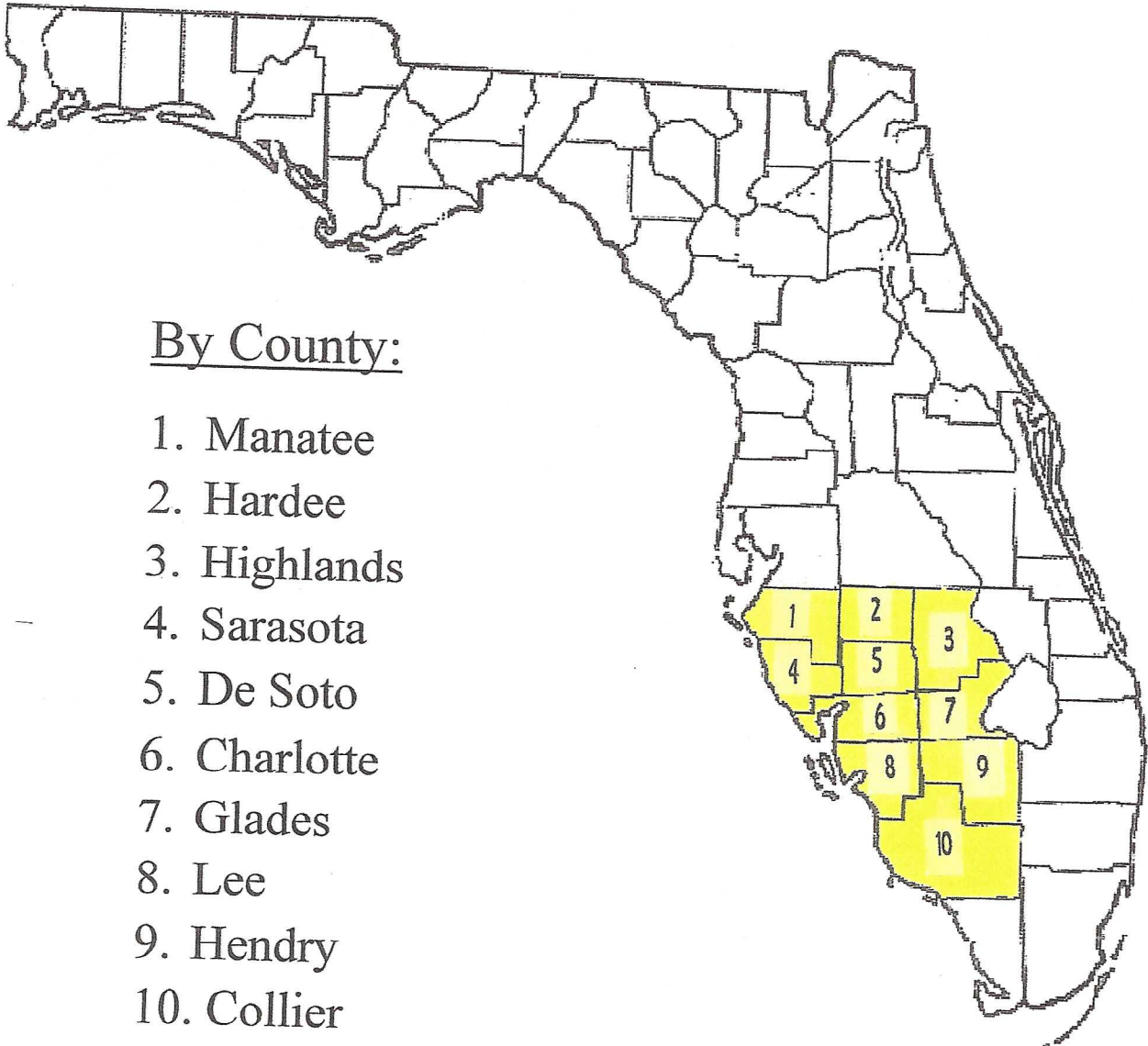
Southwest Recovery, Inc. Florida



Southwest Recovery, Inc.

Post Office Box 511096, Punta Gorda, FL 33951
941-766-1300 / 800-775-7376 / Fax: 941-766-1312

Coverage Area



By County:

1. Manatee
2. Hardee
3. Highlands
4. Sarasota
5. De Soto
6. Charlotte
7. Glades
8. Lee
9. Hendry
10. Collier

Southwest Recovery, Inc.**Coverage Area For SW Florida**

3061 Cardiff Street, Punta Gorda, FL 33983

www.southwestrecoveryinc.com

Rev:

1.202

CHARLOTTE COUNTY

El Jobean 33927
Englewood 34224
34223
Murdock 33938
Placida 33946
Port Charlotte 33948

DESOTO COUNTY

Arcadia 34269
Ft Ogden 34267
Nocatee 34268
Tallevast 34270

GLADES COUNTY

Palmdale 33944

HARDEE COUNTY

Bowling Green 33834
Ona 33865
Wauchula 33873
Zolfo Springs 33890

HENDRY COUNTY

Felda 33930
Labelle 33935
Labelle 33975

COLLIER COUNTY

Naples 34101

HIGHLANDS COUNTY

Avon Park 33852
33826
Lake Placid 33852

33862

Lorida 33857

Sebring 33870

33871

33872

33875

33876

Venus 33960

34117

34119

Alva 33920

Boca Grande 33921

Bokeelia 33922

Bonita Springs 34133

34134

34135

Cape Coral 33904

33909

33914

DESOTO COUNTY

Arcadia 34265

34266

LEE COUNTY

Cape Coral 33990

33991

33993

Estero 33928

Ft Myers 33901

33907

33908

33912

33913

33916

33919

33965

33966

33967

Ft Myers Beach 33931

No Ft Myers 33903

33917

Pine Island 33945

Lehigh Acres 33936

33971

33972

33973

33974

33976

Sanibel 33957

MANATEE COUNTY

Anna Maria 34216

Bradenton 34201

34202

34203

34204

34205

34206

34207

34208

34209

34210

34211

34212

34280

37281

34282

Bradenton Beach 34217

MANATEE COUNTY

Ellenton	34222
Holmes Beach	34218
Longboat Key	34228
Mayakka City	34251
Oneco	34264
Palmetto	34220
	34221
Parrish	34219
Sarasota	34243
	34260

SARASOTA COUNTY

Englewood	34223
Laurel	34272
Nokomis	34275
North Port	34286
	34287
	34288
	34289
	34290
	34291
Osprey	34229
Sarasota	34230
	34231
	34232
	34233
	34234
	34235
	34236
	34237
	34238
	34239
	34240
	34241
	34242
Unique	34249
Venice	34293

PLEASE BE ADVISED THAT SOME OF THE ZIP CODES LISTED MAY NEED TO HAVE A MILEAGE FEES.

Southwest Recovery, Inc.

3061 Cardiff Street, Punta Gorda, FL 33983
Wk: 941-766-1300 Fx: 941-766-1312
FL STATE LICENSE: R2300006
REVISED: JULY 11, 2023

PO Box 511096, Punta Gorda, FL 33951
E-Mail: info@southwestrecoveryinc.com
Web Site: www.southwestrecoveryinc.com

RECOVERY RATE SCHEDULE **Standard Size Units**

INVOLUNTARY REPOSESSION	\$440.00
VOLUNTARY REPOSESSION	\$350.00
IMPOUND RECOVERY	\$400.00
STORAGE DAYS (1ST 10 Free)	\$ 15.00/DAILY
FIELD VISIT (Includes Photos and CR)	\$250.00
CLOSE	\$175.00
TRANSPORT TO AUCTION (WITHIN 50 MILES)	PER CASE
TAKE BACK TO CUSTOMER	PER CASE
SKIP TRACING	\$ 95.00 AND UP
NON-CONTINGENT MILAGE FEE	PER CASE
DOLLY FEE (AWD, 4WD, E-BRAKES)	\$150.00
INOPS (Will be quoted through 3rd party for flatbed)	PER CASE

Voluntary Repossessions within 50 miles must be prearranged, must have a good working phone number for pickup arrangements, requires one trip and the key must be surrendered by the customer, unit must be in working order unless indicated by client or customer which may require additional fees.

Signature

Date

Name of Company_____

**BY SIGNING AND RETURNING THIS FOR TO SWR YO ARE AGREEING WITH
SWR'S PRICING AND SERVICES.**

Southwest Recovery, Inc.

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Wk: 941-766-1300 Fx: 941-766-1312
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Recovery Rate Schedule

OVER SIZED UNITS

	<u>Voluntary</u>	<u>Involuntary</u>
SEMI-TRUCKS Plus Tow if Needed		\$950.00
COMMERCIAL EQUIPMENT Plus, Transport Fee if Needed		\$950.00
MOTOR HOMES UNDER 21 FT.	\$550.00	\$650.00
MOTOR HOMES OVER 21 FT.	\$650.00	\$850.00
BOATS ON TRAILER UNDER 21 FT	\$450.00	\$550.00
BOATS ON TRAILER OVER 21 FT	\$550.00	\$650.00
BOATS IN WATER		\$850.00

- Captain Fees if needed to be quoted per assignment.
- Trailer fees if needed to be quoted per assignment.
- Special Transport fees if needed to be quoted per assignment

ABOVE FEES ARE BASED ON 100 MILE ROUND TRIP. PLEASE CALL FOR FEES ON
MILAGE OVER 100 MILES ROUND TRIP.

Signature

Date

Company Name

By signing and returning this form to SWR you are agreeing with SWR's pricing and services



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/20/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Harding Brooks Insurance Agency 441 Commerce Road Vestal NY 13850	CONTACT NAME: Certificate Department Service PHONE (A/C, No, Ext): 315-214-5822 E-MAIL ADDRESS: service@hardingbrooks.com FAX (A/C, No): 607-798-6693
INSURED Southwest Recovery Inc. 3061 Cardiff St Punta Gorda FL 33983	INSURER(S) AFFORDING COVERAGE INSURER A: CUMIS Insurance Society, Inc. INSURER B: Underwriters At Lloyds INSURER C: INSURER D: INSURER E: INSURER F:
License#: PC-1123577 SOUTREC-01	NAIC # 10847 32727

COVERAGES**CERTIFICATE NUMBER:** 1421458720**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> WRONGFUL REPO GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	316208	4/1/2023	4/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Wrongful Repo (E&O) \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Drive Away <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> PIP	Y	316207	4/1/2023	4/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A A B	Garagekeepers Direct Prim Cargo/ On-Hook Cargo Employee Dishonesty		316207 316207 UC1450216323	4/1/2023 4/1/2023 4/1/2023	4/1/2024 4/1/2024 4/1/2024	\$500/\$2,500 Ded \$1,000 Ded 3rd Party Theft \$1,200,000 \$100,000 \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Cyber Liability: \$1,000,000 Limit Insurer Scottsdale Indemnity Company Policy #EKS3470774 Effective 04/1/2023 - 04/01/2024. Certificate holder is added as additional insured as required by written contract or agreement. Garagekeepers Direct Primary Includes Wind / Hail / Flood Coverage. Lot Locations: 3061 Cardiff St Punta Gorda FL 33983

CERTIFICATE HOLDER**CANCELLATION**

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CERTIFICATE OF LIABILITY INSURANCE

Date
11/28/2022

Producer: Plymouth Insurance Agency
2739 U.S. Highway 19 N.
Holiday, FL 34691
(727) 938-5562

This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

Insured: South East Personnel Leasing, Inc. & Subsidiaries
2739 U.S. Highway 19 N.
Holiday, FL 34691

Insurers Affording Coverage

NAIC #

Insurer A: Lion Insurance Company

11075

Insurer B:

Insurer C:

Insurer D:

Insurer E:

Coverages

The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits																
		GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence \$ Damage to rented premises (EA occurrence) \$ Med Exp \$ Personal Adv Injury \$ General Aggregate \$ Products - Comp/Op Agg \$																
		AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident) \$ Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage (Per Accident) \$																
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible				Each Occurrence \$ Aggregate \$																
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? NO If Yes, describe under special provisions below.	WC 71949	01/01/2022	01/01/2023	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">X</td> <td style="width: 40%;">WC Statutory Limits</td> <td style="width: 5%;">OTH-ER</td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td>E.L. Each Accident</td> <td></td> <td>\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Ea Employee</td> <td></td> <td>\$1,000,000</td> </tr> <tr> <td></td> <td>E.L. Disease - Policy Limits</td> <td></td> <td>\$1,000,000</td> </tr> </table>	X	WC Statutory Limits	OTH-ER			E.L. Each Accident		\$1,000,000		E.L. Disease - Ea Employee		\$1,000,000		E.L. Disease - Policy Limits		\$1,000,000
X	WC Statutory Limits	OTH-ER																				
	E.L. Each Accident		\$1,000,000																			
	E.L. Disease - Ea Employee		\$1,000,000																			
	E.L. Disease - Policy Limits		\$1,000,000																			

Other **Lion Insurance Company is A.M. Best Company rated A (Excellent). AMB # 12616**

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:

Client ID: 90-70-665

Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":

Southwest Recovery, Inc.

Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s), while working in: FL.

Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.

A list of the active employee(s) leased to the Client Company can be obtained by emailing a request to certificates@lioninsurancecompany.com

Project Name:

ISSUE 11-28-22 (TD)

Begin Date: 10/31/2022

CERTIFICATE HOLDER

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

Paul J. Insurance

James E. Insurance

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

NICOLE "NIKKI" FRIED
COMMISSIONER

DIVISION OF LICENSING

02/01/21
DATE ISSUED

R 23000006
LICENSE NUMBER

03/28/24
DATE OF EXPIRATION

SOUTHWEST RECOVERY, INC.

3061 CARDIFF STREET

PUNTA GORDA, FL 33983

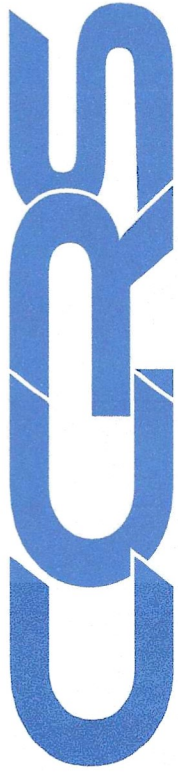
ALVAREZ, CAROLYN J, OTHER
ALVAREZ, DANIEL W, OTHER

THE RECOVERY AGENCY NAMED ABOVE IS LICENSED AND REGULATED UNDER THE PROVISIONS OF
CHAPTER 493, FLORIDA STATUTES.



Nicole Fried

NICOLE "NIKKI" FRIED
COMMISSIONER



TESTED & TRAINED
CERTIFIED COLLATERAL RECOVERY SPECIALIST

DANIEL ALVAREZ

Southwest Recovery, Inc. - 635

*The aforementioned individual has passed all CCRS Standard Compliance
Testing, Training in good standing*

04/02/2024
Expiration
0402202494EZ
Code



A handwritten signature in black ink, appearing to read "Vaughn Clemmons".

VAUGHN CLEMMONS, PRESIDENT

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above SOUTHWEST RECOVERY, INC.	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 3061 CARDIFF STREET	Requester's name and address (optional)
6 City, state, and ZIP code PUNTA GORDA, FL 33983	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-				-		
or									
Employer identification number									
0	6		-	1	6	5	6	6	9

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► <i>Caragui Alwas</i>	Date ► <i>10/20/21</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Southwest Recovery, Inc.

Post Office Box 511096, Punta Gorda, FL 33951
941-766-1300 / 800-775-7376 / Fax: 941-766-1312

info@southwestrecoveryinc.com

www.southwestrecoveryinc.com

Florida State License # R23-00006

Date: _____ Assignment Type: _____ Acct. No. _____

CLIENT / LEGAL OWNER: _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____ Email: _____

DEBTOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

WORK: _____ DOB: _____ SS# _____

CITY: _____ STATE: _____ ZIP CODE: _____

ADDITIONAL INFORMATION: _____

VEHICLE INFORMATION

YEAR _____ MAKE _____ MODEL: _____ TAG: _____

VIN: _____ COLOR _____

PAYMENT INFORMATION

MONTHLY PAYMENT: _____ DELINQUENT SINCE: _____ BALANCE DUE: _____

THIS IS YOUR AUTHORIZATION TO PROCESS FOR COLLECTION OR REPOSSESSION OF THE ABOVE DESCRIBED ASSIGNMENT. WE AGREE TO INDEMNIFY AND SAVE YOU HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS, DAMAGE, LOSSES AND ACTION RESULTING FROM OR ARISING OUT OF OUR EFFORTS TO COLLECT OR REPOSESS THE ABOVE CLAIM, EXCEPT, HOWEVER, SUCH AS MANY BE CAUSED OR ARISES OUT OF NEGLIGENCE OR UNAUTHORIZED ACTS OF YOUR COMPANY, IT'S OFFICERS, EMPLOYEES, OR THE OFFICERS OR EMPLOYEES OF SUCH AGENTS. CLIENT AGREES TO SWR FEES.

Authorized by (Print Name) _____

Authorized Signature & date: _____

At no time is a customer be given Southwest Recovery, Inc. physical address. Please provide the customer with our phone number only as the customer must call and make an appointment directly with SWR in order for them to redeem their unit and/or personal property. This is in compliance with Florida's confidentiality laws. Thank you.