



# SOUTHWEST RECOVERY, INC

PUNTA GORDA, FL 33983

Office: 941-766-1300 / 800-775-REPO

Fax : 941-766-1312 / 800-278-5177

[INFO@SOUTHWESTRECOVERYINC.COM](mailto:INFO@SOUTHWESTRECOVERYINC.COM)

[WWW.SOUTHWESTRECOVERYINC.COM](http://WWW.SOUTHWESTRECOVERYINC.COM)

## INFORMATION PACKAGE

**“YOUR PROFESSIONAL COLLATERAL  
RECOVERY AGENCY”**

2024

# Southwest Recovery, Inc.

---

PO Box 511096  
Punta Gorda, FL 33951

Office: 941-766-1300 / 800-775-7376  
Fax : 941-766-1312 / 800-278-5177

## *FAX Transmittal Form*

Thank you for your interest in **Southwest Recovery, Inc.** for your collateral needs. Please find attached our coverage information, price sheet and assignment form.

For other information about SWR please go to our web site at [www.southwestrecoveryinc.com](http://www.southwestrecoveryinc.com) to few our insurance, bonds, zip codes and other important information.

Please fill out the enclosed assignment form with your company's information and the contact person to send our updates to along with the Customer's information and a copy of the proof of ownership such as a title. Please fax back to our number listed above. Please feel free to contact us with any questions you may have.

Thank you for choosing **Southwest Recovery, Inc.** and we look forward in working with you and your staff.

Sincerely yours,

SOUTHWEST RECOVERY, INC.

# Southwest Recovery, Inc.

3061 Cardiff Street, Punta Gorda, FL 33983

Florida State License: R230006

Office: 941-766-1300 / 800-775-REPO

Fax: 941-766-1312 / 800-278-7376

Email: [info@southwestrecoveryinc.com](mailto:info@southwestrecoveryinc.com)

Web: [southwestrecoveryinc.com](http://southwestrecoveryinc.com)

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

SOUTHWEST RECOVERY, INC. is a collateral recovery business serving southwest Florida. We are looking forward to joining your network of Repossession Agents and assure you that you will be please with the level of professionalism here at SWR.

SOUTHWEST RECOVERY, INC. is a member of the American Recovery Association (ARA), the Eagle Group and the Florida Association of Licensed Repossessors, Inc. We are insured through Harding Brooks Agency. Our main portal is Recovery Database Network. Our Agents are CCRS (ARA) certified and licensed with the State of Florida, our staff is also CCRS certified as well.

You will find that there 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 and Boats.

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

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

Sincerely,

SOUTHWEST RECOVERY, INC.

# 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](mailto:info@southwestrecoveryinc.com)  
Web Site: [www.southwestrecoveryinc.com](http://www.southwestrecoveryinc.com)

## **RECOVERY RATE SCHEDULE** Standard Size Units

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

**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.

(Rev: 8/2022)

## RECOVERY RATE SCHEDULE FOR

### OVER SIZED UNITS

<u>ITEM</u>	<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 Up to 20 ft	\$550.00	\$650.00
Motor Homes over 20 ft	\$650.00	\$850.00
Boats on Trailer Up to 20 ft.	\$450.00	\$550.00
Boast on trailer over 20 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 miles round trip.  
Please call for fees for mileage over 100 miles round trip.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

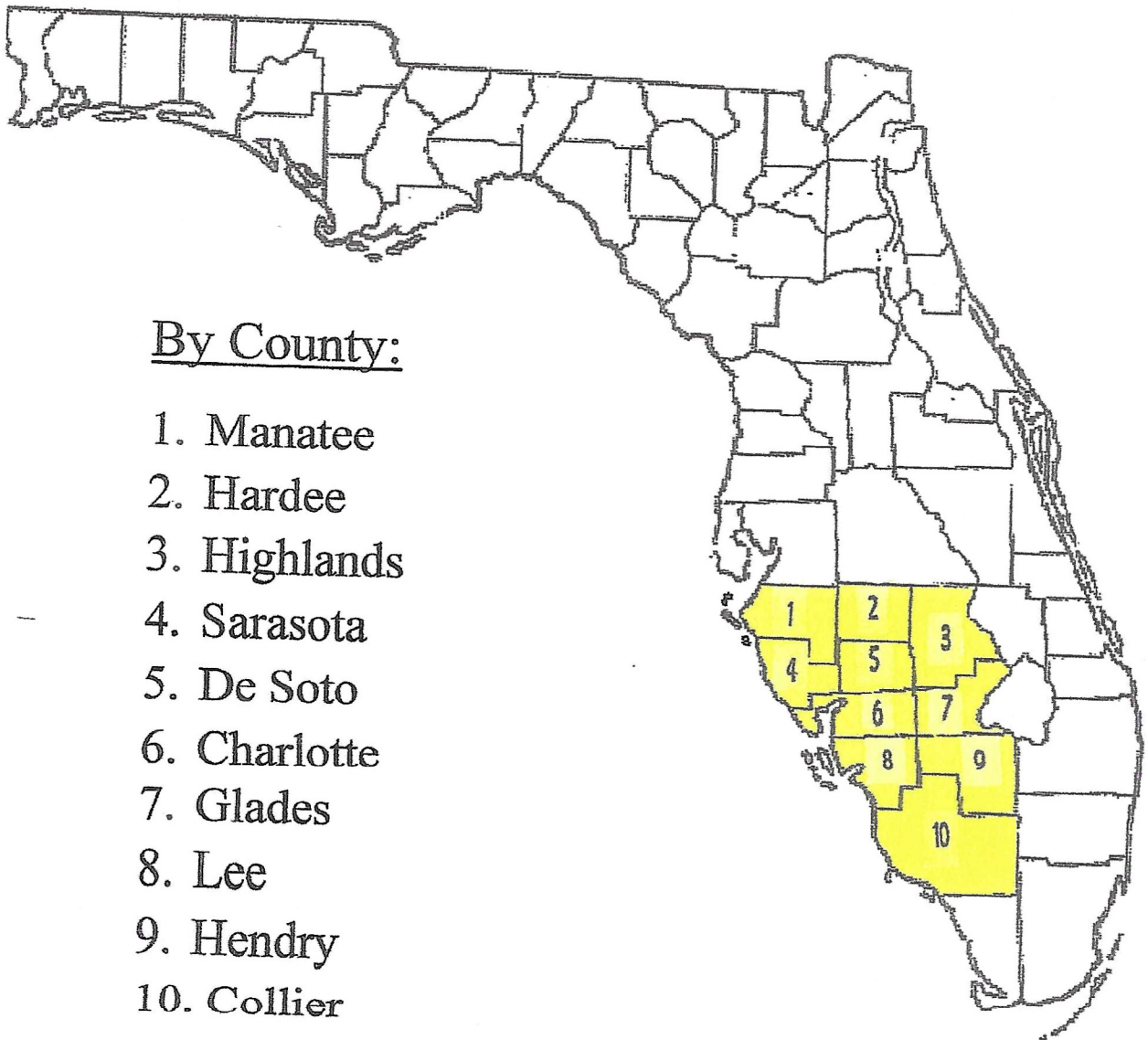
\_\_\_\_\_  
Company Name

By signing and returning this form to SWR you are agreeing with given prices and services.

# 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.

PO Box 511096

Punta Gorda, FL 33983

Phone: 941-766-1300 / 800-775-7376 Fax: 941-766-1312 / 800-278-5177

## Zip Codes and Towns

33825 Avon Park	33921 Boca Grand	33980 Port Charlotte
33826 Avon Park	33922 Bokeellia	33981 Port Charlotte
33852 Lake Placid	33924 Captiva	33982 Punta Gorda
33862 Lake Placid	33927 El Jobean	33983 Punta Gorda
33865 Ona	33928 Estero	33990 Cape Coral
33870 Sebring	33929 Estero	33991 Cape Coral
33871 Sebring	33930 Felda	33993 Cape Coral
33872 Sebring	33931 Fort Myers	33994 Fort Myers
33873 Wauchula	33932 Fort Myers	34101 Naples
33875 Sebring	33935 La Belle	34102 Naples
33876 Sebring	33936 Lehigh Acres	34103 Naples
33890 Zolfo Springs	33938 Murdock	34104 Naples
33900 Fort Myers	33945 Pineland	34105 Naples
33901 Fort Myers	33946 Placida	34106 Naples
33902 Fort Myers	33947 Rotunda	34107 Vanderbilt
33903 North Port	33948 Port Charlotte	34108 Naples
33904 Cape Coral	33949 Port Charlotte	34109 Naples
33905 Fort Myers	33950 Punta Gorda	34110 Naples
33906 Fort Myers	33951 Punta Gorda	34112 Naples
33907 Fort Myers	33952 Port Charlotte	34113 Naples
33908 Fort Myers	33953 Port Charlotte	34114 Naples
33909 Cape Coral	33954 Port Charlotte	34116 Naples
33910 Cape Coral	33955 Punta Gorda	34117 Naples
33911 Fort Myers	33956 Saint James City	34119 Naples
33912 Fort Myers	33957 Sanibel	34120 Naples
33913 Fort Myers	33960 Venus	34133 Bonita Springs
33914 Cape Coral	33965 Fort Myers	34134 Bonita Springs
33915 Cape Coral	33966 Fort Myers	34135 Bonita Springs
33916 Fort Myers	33967 Fort Myers	34136 Bonita Springs
33917 Fort Myers	33970 Lehigh Acres	
33918 Fort Myers	33971 Lehigh Acres	
33919 Fort Myers	33972 Lehigh Acres	34140 Goodland
33920 Alva	33973 Lehigh Acres	
	33974 Lehigh Acres	
	33975 La Belle	34145 Marco Island
	33976 Lehigh Acres	34146 Marco Island

## SOUTHWEST RECOVERY RELEASE OF LIABILITY

I, \_\_\_\_\_, hereby acknowledge and agree to the following, as a condition of entering the premises listed below:

Southwest Recovery, Inc. Property  
3061 Cardiff St  
Punta Gorda, Fla 33983

1. My involvement and/or participation in entering upon these premises is voluntary, and I am acting under my own free will.
2. There is a risk of danger, bodily harm, injury, emotional stress, or death as a result of my entering the above described premises. The risks arise from activities and/or equipment that can cause the risk, I acknowledge that potential risks are not limited to the above listed items.
3. There is the potential for risks and dangers that may not be obvious or reasonably foreseeable at this time.
4. I do not have any medical ailments, physical limitations, or mental disabilities that will affect my ability to enter onto and move about these premises
5. Southwest Recovery, Inc undertakes no direct legal or financial responsibility for my personal safety or well-being when I am on the above described premises
6. I assume the risks, including, but not limited to, those outlined in Section 3 of this agreement.
7. I forever release Southwest Recovery, Inc, individual in charge, etc., and all related participants from any and all claims and causes of action that I or my representatives now have or may have in the future for personal injury, property damage or wrongful death occurring to me, arising out of entering upon the above described premises.
8. I am 100% liable for all medical expenses incurred as a result of any injury or property damage which may occur while on the above described premises.
9. In the event that any one or more of the provisions of this agreement shall be held to be invalid, illegal, unenforceable or in conflict with the law according to the jurisdiction of the state where the premises are located the remaining portions will not be invalidated, and shall remain in full force and effect.
10. This is a legally binding contract, but it is not meant to pronounce any claims or defenses that are legally prohibited.

I attest that I have read and understand this document, and I agree to all the provisions listed above.

\_\_\_\_\_  
Participant Name  
Date:

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Witness Name  
Date:

\_\_\_\_\_  
Witness Signature



# Southwest Recovery, Inc.

## Zip Codes and Towns Continued...

34201 Bradenton	34242 Sarasota
34202 Bradenton	34243 Sarasota
34203 Bradenton	34250 Sarasota
34204 Bradenton	34251 Myakka City
34205 Bradenton	34260 Sarasota
34206 Bradenton	34264 Oneco
34207 Bradenton	34265 Arcadia
34208 Bradenton	34266 Arcadia
34209 Bradenton	34267 Fort Ogden
34210 Bradenton	34268 Nocatee
34211 Bradenton	34269 Arcadia
34212 Bradenton	34270 Tallevast
34215 Cortez	34272 Laurel
34216 Anna Maria Island	34274 Nokomis
34217 Bradenton	34275 Nokomis
34218 Homes Beach	34276 Sarasota
34219 Parrish	34277 Sarasota
34220 Palmetto	34278 Sarasota
34221 Palmetto	34280 Bradenton
34222 Ellenton	34281 Bradenton
34223 Englewood	34282 Bandenton
34223 Englewood	34284 Venice
34224 Englewood	34285 Venice
34228 Long Boat Key	34286 North Port
34229 Osprey	34287 North Port
34230 Sarasota	34288 North Port
34231 Sarasota	34289 North Port
34232 Sarasota	34290 North Port
34233 Sarasota	34291 North Port
34234 Sarasota	34292 Venice
34235 Sarasota	34293 Venice
34236 Sarasota	34295 Englewood
34237 Sarasota	34295 Englewood
34238 Sarasota	
34239 Sarasota	
34240 Sarasota	33933 Myakka
34241 Sarasota	34271 Myakka

**FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES**

**NICOLE "NIKKI" FRIED  
COMMISSIONER**

**DIVISION OF LICENSING**

**02/01/21**  
DATE ISSUED

**03/28/24**

DATE OF EXPIRATION

**R 2300006**  
LICENSE NUMBER

**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**



# 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

FAX (A/C, No): 607-798-6693

E-MAIL ADDRESS: service@hardingbrooks.com

**INSURER(S) AFFORDING COVERAGE**

NAIC #

INSURER A: CUMIS Insurance Society, Inc. 10847

INSURER B: Underwriters At Lloyds 32727

INSURER C:

INSURER D:

INSURER E:

INSURER F:

**INSURED**

Southwest Recovery Inc.  
3061 Cardiff St  
Punta Gorda FL 33983

License#: PC-1123577  
SOUTREC-01

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> 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"/> PRO-JECT <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 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000	
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Drive Away <input checked="" type="checkbox"/> PIP	Y		316207	4/1/2023	4/1/2024	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$	E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
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

*Proof of Insurance*

*Thomas A Harding*



**2023 / 2024 CHARLOTTE COUNTY  
LOCAL BUSINESS TAX RECEIPT**

MUST BE DISPLAYED IN A CONSPICUOUS PLACE

ACCOUNT 5589  
EXPIRES SEPTEMBER 30, 2024  
RENEWAL

TYPE OF BUSINESS 561440 Collection Agencies (COLLECTION AGENCIES)

BUSINESS ADDRESS 3061 CARDIFF ST  
PORT CHARLOTTE, FL 33983

BUSINESS NAME SOUTHWEST RECOVERY INC

OWNER CAROLYN ALVAREZ

MAILING ADDRESS 3061 CARDIFF ST  
PORT CHARLOTTE, FL 33983

AMOUNT 35.00  
PENALTY 0.00  
TOTAL 35.00

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED

Paid 07/10/2023 Receipt # INT-00062291 35.00

**2023 / 2024 CHARLOTTE COUNTY  
LOCAL BUSINESS TAX RECEIPT**

MUST BE DISPLAYED IN A CONSPICUOUS PLACE

ACCOUNT 5589  
EXPIRES SEPTEMBER 30, 2024  
RENEWAL

TYPE OF BUSINESS 561440 Collection Agencies (COLLECTION AGENCIES)

BUSINESS ADDRESS 3061 CARDIFF ST  
PORT CHARLOTTE, FL 33983

BUSINESS NAME SOUTHWEST RECOVERY INC

OWNER CAROLYN ALVAREZ

MAILING ADDRESS 3061 CARDIFF ST  
PORT CHARLOTTE, FL 33983

AMOUNT 35.00  
PENALTY 0.00  
TOTAL 35.00

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED

Paid 07/10/2023 Receipt # INT-00062291 35.00

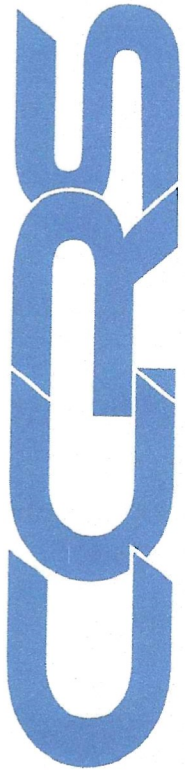
Dear Business Owner:

Your 2023 - 2024 Charlotte County Local Business Tax Receipt is attached above. Please detach the receipt and display it in a place that is visible to the public and available for inspection.

The Charlotte County Local Business Tax Receipt is in addition to any other license or certificate that may be required by law and does not signify compliance with zoning, health, or regulatory requirements. The Charlotte County Local Business Tax Receipt is non-regulatory and is not an endorsement of work quality.

Your 2023 - 2024 Local Business Tax Receipt is valid from October 01, 2023 through September 30, 2024 . Annual account notices are mailed in June to the address of record at that time. Any Changes to your Local Business Tax Account due to change of Business Name, Ownership, Physical Address or you are Closing your Business please contact our office at 941-743-1350 .

VICKIE L. POTTS  
Charlotte County Tax Collector



**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 blue ink, which appears 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](http://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 <b>SOUTHWEST RECOVERY, INC.</b>	
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) ▶ _____ <small>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.</small> <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. <b>3061 CARDIFF STREET</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>PUNTA GORDA, FL 33983</b>	
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.

<b>Social security number</b>									
OR									
<b>Employer identification number</b>									
0	6	-	1	6	5	6	6	9	9

## Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Carolina Alvar</i>	Date ▶ <i>1/9/2014</i>
------------------	--	------------------------

## 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](http://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 AUTHROIZATION TO PROCESS FOR COLLECTION OR REPOSESSION OF THE ABOVE DESCRIBED ASSIGNMENT. WE AGREE TO INDEMNIFY AND SAVE YOU HARLMESS FROM AND AGAINST ANY AND ALL CLAIMS, DAMAGE, LOSSES AND ACTION RESULTING FROM OR ARISING OUT OF OUR EFFORTS TO COLLECT OR REPOSEESS THE ABOVE CLAIM, EXCEPT, HOWEVER, SUCH AS MANY BE CAUSED OR ARISES OUT OF NEGLIGNECE OR UNAUTHORIZED ACTS OF YOUR COMPANY, IT'S OFFICERS, EMPLOYEES, OR THE OFFICERS OR EMPLOYESS 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 redcem their unit and/or personal property. This is in compliance with Florida's confidentiality laws. Thank you.