

ASSIGNMENT AND HOLD HARMLESS

DATE: _____

LIENHOLDER: _____

TO: SOUTHERN FINANCE ADJUSTORS INC.

POST OFFICE BOX 7401

OXFORD, ALABAMA 36203

256-831-4600 / (FAX) 256-831-4602

CONTACT: _____

PHONE #: _____ FAX# _____

THIS SHALL SERVE AS AUTHORITY FOR YOUR FIRM TO ACT AS OUR AGENT IN THE BELOW DESCRIBED REPOSSESSION. ACCOUNT # _____

DEBTOR: _____ SS#: _____

ADDRESS: _____ PH#: _____

EMPLOYER: _____ PH#: _____

CO-BUYER: _____ SS#: _____

ADDRESS: _____ PH#: _____

BALANCE:\$ _____ PAST DUE:\$ _____ DUE DATE: _____

COLLATERAL: _____ COLOR: _____

VIN#: _____ KEY#: _____

SPECIAL INSTRUCTIONS: _____

HOLD HARMLESS

WE AGREE TO INDEMNIFY AND SAVE YOU HARMLESS FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES AND ACTION RESULTING FROM OR ARISING OUT OF YOUR EFFORTS TO THE ABOVE CLAIM, EXCEPT, HOWEVER, SUCH AS MAY BE CAUSED BY OR ARISE OUT OF NEGLIGENCE OR UNAUTHORIZED ACTS OF YOUR AGENCY, ITS OFFICERS, EMPLOYEES OR AGENTS, OR THE OFFICERS OR EMPLOYEES OF SUCH AGENTS.

SIGNATURE: _____

TITLE: _____