

**KKV Recovery of Upstate New York, Inc.**  
**Assignment Form**

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Date \_\_\_\_\_ Time \_\_\_\_\_

Assigning Client: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Attn: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Toll Free: \_\_\_\_\_

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Debtor: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ DL#: \_\_\_\_\_

POB: \_\_\_\_\_

POB Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Department: \_\_\_\_\_

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Co-Maker: \_\_\_\_\_ Phone: \_\_\_\_\_

Relatives/Contacts/References: \_\_\_\_\_

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Additional Information: \_\_\_\_\_

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Special Instructions: \_\_\_\_\_ Voluntary \_\_\_\_\_ Involuntary

Vehicle (Year/Make/Model) \_\_\_\_\_

VIN: \_\_\_\_\_ Color: \_\_\_\_\_ Key# \_\_\_\_\_

Tag: \_\_\_\_\_ Expires: \_\_\_\_\_ Gross Bal: \_\_\_\_\_ Mthly Pmt: \_\_\_\_\_

Past Due Date: \_\_\_\_\_ Past Due Amount: \_\_\_\_\_ Last Paid: \_\_\_\_\_

**We hereby assign to KKV Recovery of Upstate New York, Inc. , the authorization to repossess the above described collateral. It is understood that you will act as an independent contractor and not as our employee. The time, manner, and method of any such services shall be determined solely by you. We agree to indemnify you and hold you harmless from and against any and all claims, damages, losses or action resulting from or arising out of your effort to collect and/or repossess the above referenced collateral if it is later determined that our order to repossess said collateral was wrongful.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date