

REFERRAL FOR REPOSSESSION  
TO  
CREDITORS RESOURCE SERVICE

Client must complete all information on this form and supply all requested documents. Failure to supply the requested information will result in the account being returned to supply missing information. Client is responsible for forwarding only those accounts, which are legally due and owing Client.

**COLLATERAL**

Description of Collateral: \_\_\_\_\_  
(Year) (Make) (Model)  
\_\_\_\_\_  
(Vin #) (Color)

**OWNER**      ( ) Owner                  ( ) Other person having redemption rights or to be given notice(s)

_____	_____	_____	_____
Name		Name	
_____	_____	_____	_____
SSN#	Date of Birth	SSN#	Date of Birth
_____	_____	_____	_____
Home address	C/S/Z	Home address	C/S/Z
_____	_____	_____	_____
Home Ph#	Cell Ph#	Home Ph#	Cell Ph#
_____	_____	_____	_____
Place of Employment		Place of Employment	
_____		_____	
POE Address		POE Address	
_____		_____	
POE Ph#		POE Ph#	

Other possible location(s) of collateral: \_\_\_\_\_

**LOAN/ADVANCE INFORMATION**

Date of Loan/Advance \_\_\_\_\_

Original Principal Amount \$ \_\_\_\_\_

APR \_\_\_\_\_ %

Date of Last Payment or Credit \_\_\_\_\_

(Including creditor exercise of lien on shares or repo sale)

Payment Schedule \_\_\_\_\_ x \$ \_\_\_\_\_

# of months      payment per month

Principal Balance Due as of Date of Last

Payment \$ \_\_\_\_\_

Amount Past Due as of Referral Date \$ \_\_\_\_\_

Month/Year Loan Became Delinquent \_\_\_\_\_ (If member had earlier delinquency and subsequently became current, state month/year the latest delinquency commenced)

**DOCUMENTS ATTACHED**

- (All documents must be attached and copied on both sides):
- Application for Credit
  - Note and Security Agreement/documents creating debt
  - Retail Installment Sales Contract
  - Title to Collateral
  - Ledger

INSURANCE INFORMATION (circle)  
YES / NO collateral protection insurance?

**OTHER INFORMATION:** Provide any other information you have which may assist us in recovering this vehicle:

By forwarding this matter to CRS, Client agrees to the terms contained in the Repossession Agreement on the reverse side of side of this page.

Credit Union: \_\_\_\_\_ Contact Person: \_\_\_\_\_

CU Address: \_\_\_\_\_

Contact Ph# \_\_\_\_\_ Fax # \_\_\_\_\_