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DATE: _____

TO: _____

UPON RECOVERY PLEASE PROVIDE
 CONDITION REPORT PHOTOS DS

ASSIGNING LEGAL: _____ DATE _____ TIME _____

ADDRESS: _____ CITY, STATE & ZIP: _____

ATTN: _____ PHONE: _____ EXT: _____ FAX: _____

LIENHOLDER: _____ ACCT: _____

DEBTOR: _____ SPOUSE: _____
LAST, FIRST, MIDDLE

HOME ADDRESS: _____ CITY, STATE & ZIP: _____

PHONE: _____ DOB: _____ SS#: _____
MALE FEMALE MALE FEMALE

EMPLOYMENT: _____
(MALE) ADDRESS PHONE TRADE

EMPLOYMENT: _____
(FEMALE) ADDRESS PHONE TRADE

RELATIVES/CONTACTS/REFERENCES: _____

ADDITIONAL INFORMATION: _____

* SPECIAL INSTRUCTIONS: VOLUNTARY INVOLUNTARY

VEHICLE/ YEAR/ MAKE/ MODEL: _____

VIN #:

COLOR: _____ KEY: _____ LIC. PLATE #: _____ EXP: _____

GROSS BALANCE: _____ PMT AMT: _____ PAST DUE AMOUNT: _____ DATE LAST PD: _____

"We Get Results"