

**HOLD HARMLESS
AGREEMENT**

Lenders Choice Recovery Inc.

Address:

P.O. Box 20518

Hot Springs, Arkansas

71913

Phone: 501-490-0021

Fax: 501-490-0607

Debtor Name:

Description of Collateral:

Vin #

Address: _____

Title: _____

Contract: _____

Drivers License: _____

References: _____

This is your authorization to act as our agents to repossess, on sight, the above described collateral which is covered by a defaulted installment contract.

We agree to indemnify and save you harmless from and against all claims, damages, losses and actions resulting from or arising out of your efforts to repossess the above described collateral, except however, such as may be caused or arise out of the negligence or unauthorized or illegal acts of your firm, its' officers, employees or agents. Nothing contained herein shall be construed to authorize the violation of the laws of your state.

Your special immediate efforts will be appreciated.

Respectfully,

(Signature of Lienholder)

Address of Lienholder:

Telephone: _____

(Please attach Attachments to email)