



**BLUELINE SERVICES, LLC**  
**DBA: INDIANA RECOVERY SERVICES**  
 22265 US HIGHWAY 31 N • PO BOX 801, CICERO, IN 46034  
 P: 317-606-8187 F: 866-987-2669 • WWW.INDIANARECOVERYSERVICES.NET



**REPOSSESSION REQUEST**

Date: \_\_\_\_\_ Involuntary \_\_\_\_ Voluntary \_\_\_\_  
 Does unit have a working GPS: YES / NO      GPS Website: \_\_\_\_\_  
 GPS Login Information: \_\_\_\_\_

**Collateral Information:**

Vin / HIN / Serial number: \_\_\_\_\_ Plate: \_\_\_\_\_ State: \_\_\_\_  
 Color: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

**Customer Information:**

Account Number: \_\_\_\_\_ Date of Delinquency: \_\_\_\_\_  
 DEBTOR: \_\_\_\_\_ Co Debtor \_\_\_\_\_  
 DOB: \_\_/\_\_/\_\_\_\_      DOB: \_\_/\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ Address \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_      City: \_\_\_\_\_ State: \_\_\_\_  
 Phone: \_\_\_\_\_      Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Employer \_\_\_\_\_

**Lien Holder / Assignee Information:**

Name: \_\_\_\_\_ Requestor: \_\_\_\_\_  
 Position of Requestor: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

By signing this order, you authorize Indiana Recovery Services, and its agents to repossess on sight the above-named collateral. You agree that you have already signed the repossession agreement which includes the hold harmless, and you agree to indemnify and hold Indiana Recovery Services and its agents / employees harmless from and against any claims except those which are unlawful.

X \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

