



# PICK UP AUTHORIZATION

Date :

**AMS REPO LLC**  
9106 SE 82nd Ave  
Happy Valley, OR 97086

Member Name

To Whom it May Concern;

Please accept this form as authorization to pick up the following vehicle:

Year  Make  Model  VIN #  Plate #

Defects or conditions of the vehicle :

Located At :

Name :

Addresses :

City & State:

Phone Number :

Contact Name :

Within 72 hours of receipt of the vehicle , AMS REPO LLC is to provide a detailed condition report and a true market value report to the \_\_\_\_\_ contact signed below. Once this information is received, \_\_\_\_\_ will provide AMS REPO LLC with any required authorization for pricing, repairs, and/or detailing.

I agree to indemnify and hold harmless AMS REPO LLC from any loss, cost, or expense including attorney's fees for defense, occasioned by any claim brought against AMS REPO LLC for failure to disclose defects or conditions of the vehicle which are not noted above, or arising from my breach or from any misrepresentations appearing on this agreement.

Loan Control