ACTION AUTO

Southern California Repossession & Skip Tracing Experts

RECOVERY
SINCE 1967

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State License RA 1798

Serving: Los Angeles and Orange Counties

Please Transport Our Collateral Listed Below

From - Financial Institution Name: _		
Financial Institution Customer Name	y:	
Vehicle Year, Make & Model:		
Full VIN or last 8:	Account number:	
Please transport our above listed c	ollateral to:	
Location Name:		
Address:		
Phone number:	Contact Name:	
Business Hours:	Transport on or after this date:	
Comments:		
We understand our contracted delegation (800) 421-5528.	ivery and storage rates will apply. Please call to confirm yo	our rates
Thank you,		
Your Name:	Date:	
Direct Phone Number:	Email:	
Signature:		

Please sign & date above and fax to us at: (562) 989-1414