

Summary of Account

FAX NO. (616) 785-5314

M. and W. INCORPORATED

979 WEST RIVER CENTER DR. N.E
COMSTOCK PARK, MI 49321
(616) 785-5310

INSTITUTION NAME

REPOSSESSION INFORMATION SHEET

ASSIGNED BY _____ PHONE _____

ACCOUNT NUMBER _____

NAME _____

ADDRESS _____

ADDRESS _____

EMPLOYER _____ TRADE OR PROFESSION _____

ADDRESS _____

ADDRESS _____

SPOUSE _____ EMPLOYER _____

YEAR/MAKE OF CAR _____ BODY STYLE _____

SERIAL NUMBER _____

LICENCE NUMBER _____ STATE _____

KEY CODES: FA _____ FB _____ COLOR _____

BALANCE OWED _____ PAYMENTS _____ PAST DUE _____

INSURANCE _____ PHONE _____

DEALER _____ PHONE _____

ADDRESS _____

REALATIVES/FRIENDS _____

INSTRUCTIONS/ADDITIONAL INFO: _____

Please also include a copy of your Security Agreement.

Fill out this form and fax it to us at: 616-785-5314. All faxes and emails to us will be confirmed.