

# Summary of Account

FAX NO. (616) 785-5314

## M. and W. INC

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

\_\_\_\_\_  
INSTITUTION NAME

### REPOSSESSION INFORMATION SHEET

ASSIGNED BY \_\_\_\_\_ PHONE \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

**BUYER/DEBTOR** \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ TRADE OR PROFESSION \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

**COBUYER** \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

YEAR/MAKE OF CAR \_\_\_\_\_ BODY STYLE \_\_\_\_\_

SERIAL NUMBER \_\_\_\_\_

LICENCE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

COLOR \_\_\_\_\_

BALANCE OWED \_\_\_\_\_ PAYMENTS \_\_\_\_\_ PAST DUE \_\_\_\_\_

DEALER \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

RELATIVES/FRIENDS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INSTRUCTIONS/ADDITIONAL INFO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_