

A/C NAME:

AA #:

Client:

Unit:

Client:

PERSONAL EFFECTS INVENTORY

Date: _____

GLOVE BOX/CONSOLE

PASSENGER COMPARTMENT

TRUNK/BED/BOX/OTHER

I certify that the above listed items represent all personal effects which were contained in or on the unit at the time repossession and that standard procedures and policies were adhered to in protecting and storing this property.

Collateral Impounded By _____ Date: _____

Inventory Taken By: _____ Date: _____

Witness: _____

I the undersigned hereby accept, and acknowledge, receipt for the personal effects that were in or on the above unit at the time it was impounded.

Personal Effects _____
PRINT NAME

Received By _____
SIGNATURE DATE

Witness: _____ Check box if refused to sign

Witness: _____ Check box if refused to sign

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