

# York Service

## *Assignment Form Instructions*

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*Revision Date: 01/12/2012  
By: M. Guest*

# Repo Assignment form Instructions

These instructions have been written assuming your computer has print to PDF capability. If you are not able to print to PDF please download the free utility from [www.yorkservicecenter.com/dopdf.zip](http://www.yorkservicecenter.com/dopdf.zip) Install this utility and then continue with these instructions


1. navigate to <http://www.yorkservicecenter.com/repoassignment.html>
2. Fill in all of the required fields (The Security Code field is very important , if your code doesn't match the one on file your assignment will be deleted)

York Service  
322 Davenport Ave. New Haven, CT. 06519  
Ph. 203-562-3850 or 203-996-4621 Fax. 203-562-1515  
**REPOSSESSION ASSIGNMENT**

CLIENT ( BANK / DEALER): <input type="text" value="REQUIRED"/>	
ADDRESS: <input type="text" value="REQUIRED"/>	
AUTHORIZED BY: <input type="text" value="REQUIRED"/>	DATE ASSIGNED: <input type="text" value="REQUIRED"/>
PHONE #: <input type="text" value="REQUIRED"/>	EMAIL ADDRESS: <input type="text" value="REQUIRED"/>

<b>DEBTOR INFC</b>	<b>CO-SIGNER INFC</b>
DEBTOR: <input type="text" value="REQUIRED"/>	CO-SIGNER: <input type="text"/>
ADDRESS: <input type="text" value="REQUIRED"/>	ADDRESS: <input type="text"/>
SSN: <input type="text" value="REQUIRED"/> D.O.B: <input type="text" value="REQUIRED"/>	SSN: <input type="text"/> D.O.B: <input type="text"/>
CITY: <input type="text" value="REQUIRED"/> STATE / ZIP: <input type="text" value="REQUIRED"/>	CITY: <input type="text"/> STATE / ZIP: <input type="text"/>
PHONE #: <input type="text" value="REQUIRED"/>	PHONE #: <input type="text"/>
CELL PH: <input type="text" value="REQUIRED"/>	CELL PH: <input type="text"/>
EMPLOYER: <input type="text" value="REQUIRED"/>	EMPLOYER: <input type="text"/>
ADDRESS: <input type="text" value="REQUIRED"/>	ADDRESS: <input type="text"/>

<b>DELINQUENCY INFC</b>	
DELINQUENCY AMOUNT: <input type="text" value="REQUIRED"/>	DELINQUENCY DATES: <input type="text" value="REQUIRED"/>
NORMAL PAYMENT AMOUNT: <input type="text" value="REQUIRED"/>	DATE OF LAST PAYMENT: <input type="text" value="REQUIRED"/>
ACCOUNT BALANCE: <input type="text" value="REQUIRED"/>	ACCOUNT #: <input type="text" value="REQUIRED"/>
DEALER: <input type="text"/>	ADDRESS: <input type="text"/>
REASON FOR REPO: <input type="text" value="REQUIRED"/>	

<b>VEHICLE INFORMATION</b>			
YEAR: <input type="text" value="REQUIRED"/>	MAKE: <input type="text" value="REQUIRED"/>	MODEL: <input type="text" value="REQUIRED"/>	COLOR: <input type="text" value="REQUIRED"/>
NUMBER OF DOORS: <input type="text"/>	LICENSE #: <input type="text"/>	LICENSE STATE: <input type="text"/>	
V.I.N NUMBER: <input type="text" value="REQUIRED"/>			
Notes <input type="text" value="REQUIRED"/>			
Electronic Signture: <input type="text" value="REQUIRED"/>		SECURITY CODE: <input type="text" value="REQUIRED"/>	
<small>By typing your name the box, you authorize this Registration.</small>			
<input type="button" value="Print"/>	<input type="button" value="Upload"/>	<input type="button" value="Submit"/>	

3. Click on Print

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**DEBTOR INFO**      **CO-SIGNER INFO**

DEBTOR:  **REQUIRED**      CO-SIGNER:   
ADDRESS:  **REQUIRED**      ADDRESS:   
SSN:  **REQUIRED**      D.O.B.:  **REQUIRED**      SSN:       D.O.B.:   
CITY:  **REQUIRED**      STATE / ZIP:  **REQUIRED**      CITY:       STATE / ZIP:   
PHONE #:  **REQUIRED**      PHONE #:   
CELL PH:  **REQUIRED**      CELL PH:   
EMPLOYER:  **REQUIRED**      EMPLOYER:   
ADDRESS:  **REQUIRED**      ADDRESS:

**DELINQUENCY INFO**

DELINQUENCY AMOUNT:  **REQUIRED**      DELINQUENCY DATES:  **REQUIRED**  
NORMAL PAYMENT AMOUNT:  **REQUIRED**      DATE OF LAST PAYMENT:  **REQUIRED**  
ACCOUNT BALANCE:  **REQUIRED**      ACCOUNT #:  **REQUIRED**  
DEALER:       ADDRESS:   
REASON FOR REPO:  **REQUIRED**


**VEHICLE INFORMATION**

YEAR:  **REQUIRED**      MAKE:  **REQUIRED**      MODEL:  **REQUIRED**      COLOR:  **REQUIRED**  
NUMBER OF DOORS:       LICENSE #:       LICENSE STATE:   
V.I.N NUMBER:  **REQUIRED**

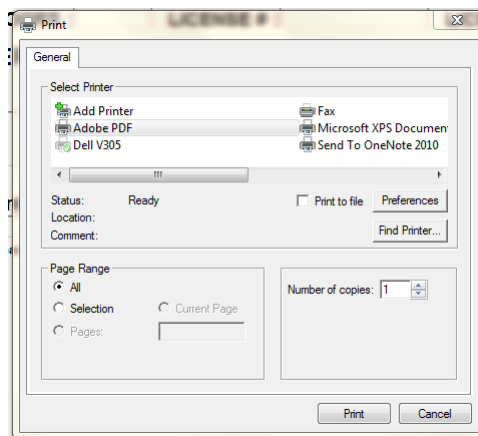
Notes  
 **REQUIRED**

Electronic Signature:       SECURITY CODE:  **REQUIRED**  
By typing your name the box, you authorize this Repossession.

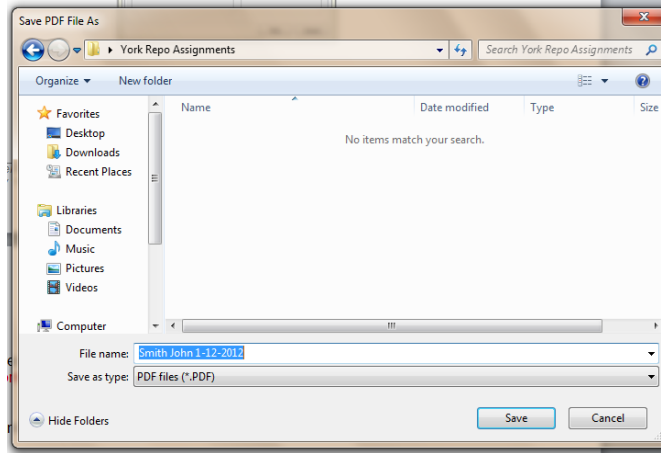
          



4. Choose your print to PDF option



- Choose a Save to a location of your choice with a file name format “last name- first name – assignment date I.E. Smith John-1-12-2012”



- Click on Up Load

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AUTHORIZED BY:  **REQUIRED**      DATE ASSIGNED:  **REQUIRED**

PHONE #:  **REQUIRED**      EMAIL ADDRESS:  **REQUIRED**

<p style="text-align: center;"><b>DEBTOR INFO</b></p> <p>DEBTOR: <input type="text"/> <b>REQUIRED</b></p> <p>ADDRESS: <input type="text"/> <b>REQUIRED</b></p> <p>SSN: <input type="text"/> <b>REQUIRED</b>      D.O.B: <input type="text"/> <b>REQUIRED</b></p> <p>CITY: <input type="text"/> <b>REQUIRED</b>      STATE / ZIP: <input type="text"/> <b>REQUIRED</b></p> <p>PHONE #: <input type="text"/> <b>REQUIRED</b></p> <p>CELL PH: <input type="text"/> <b>REQUIRED</b></p> <p>EMPLOYER: <input type="text"/> <b>REQUIRED</b></p> <p>ADDRESS: <input type="text"/> <b>REQUIRED</b></p>	<p style="text-align: center;"><b>CO-SIGNER INFO</b></p> <p>CO-SIGNER: <input type="text"/></p> <p>ADDRESS: <input type="text"/></p> <p>SSN: <input type="text"/>      D.O.B: <input type="text"/></p> <p>CITY: <input type="text"/>      STATE / ZIP: <input type="text"/></p> <p>PHONE #: <input type="text"/></p> <p>CELL PH: <input type="text"/></p> <p>EMPLOYER: <input type="text"/></p> <p>ADDRESS: <input type="text"/></p>
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**DELINQUENCY INFO**

DELINQUENCY AMOUNT:  **REQUIRED**      DELINQUENCY DATES:  **REQUIRED**

NORMAL PAYMENT AMOUNT:  **REQUIRED**      DATE OF LAST PAYMENT:  **REQUIRED**

ACCOUNT BALANCE:  **REQUIRED**      ACCOUNT #:  **REQUIRED**

DEALER:       ADDRESS:

REASON FOR REPO:  **REQUIRED**

**VEHICLE INFORMATION**

YEAR:  **REQUIRED**      MAKE:  **REQUIRED**      MODEL:  **REQUIRED**      COLOR:  **REQUIRED**

NUMBER OF DOORS:       LICENSE #:       LICENSE STATE:

V.I.N NUMBER:  **REQUIRED**

Notes  
 **REQUIRED**

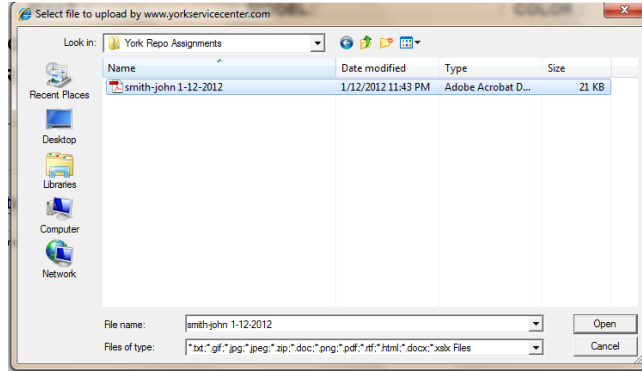
Electronic Signature:  **REQUIRED**      SECURITY CODE:  **REQUIRED**

By typing your name this time you authorize this Repossession

↑

7. Navigate to the file you just created (I.E. Smith John 1-12-2012) and click OK



8. Click Submit

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**DEBTOR INFO** **CO-SIGNER INFO**

DEBTOR:  **REQUIRED** CO-SIGNER:   
ADDRESS:  **REQUIRED** ADDRESS:   
SSN:  **REQUIRED** D.O.B.:  **REQUIRED** SSN:  D.O.B.:   
CITY:  **REQUIRED** STATE / ZIP:  **REQUIRED** CITY:  STATE / ZIP:   
PHONE #:  **REQUIRED** PHONE #:   
CELL PH:  **REQUIRED** CELL PH:   
EMPLOYER:  **REQUIRED** EMPLOYER:   
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V.I.N NUMBER:  **REQUIRED**

Notes  
 **REQUIRED**

Electronic Signature:  **REQUIRED** SECURITY CODE:  **REQUIRED**  
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9. Within 10 minutes you should receive a text based conformation email