

ARROW FINANCE COMPANY

Providing Auto & Personal Loans Since 1946
3528 HAMPTON AVENUE
ST. LOUIS, MO 63139
314-352-1500
FAX 314-352-9305

REPOSSESSION WAIVER

I/we agree that in the event that I/we become delinquent on my/our loan payments to Arrow Finance Company: Loan # _____ for; Collateral _____,

You are authorized by me/us and have the right to repossess said collateral without the necessity of court order or any judicial process. I/we agree that if it becomes necessary for you repossess said collateral, you are permitted to do so at any time of the day or night and may enter and remove said collateral from my/our property or any other property where I/we may leave said collateral.

I/we also give you, or your representative, permission to use whatever reasonable means to open or gain entry, to take possession of said collateral.

I/we agree that I/we will not keep any personal property of any great value in said collateral during the term of the loan, especially during the time that I (we) am contractually in default on the payments on the loan.

I/we agree and understand that in the event that the vehicle is repossessed, I/we have 30 days, from the date of repossession, to redeem the vehicle. I/we further understand that in such an event the full balance must be paid, or satisfactory arrangements have been made in order to redeem and if I/we do not redeem within the time period set forth above, Arrow Finance Company has the authority to sell the vehicle and apply the money to your balance.

I/we agree that I/we or any third party, or attorney retained or appointed to represent myself/us will not hold Arrow Finance Company, or its representative, responsible for any personal property missing from repossessed collateral.

I/we understand that I/we must carry full-coverage insurance (comprehensive and collision coverage with a deductible of \$1000.00 or less) on the vehicle for the duration of the loan. If the insurance is cancelled Arrow Finance Company has the right to protect the collateral by repossessing the vehicle. I/we further understand that the full-coverage insurance may only pay the fair market value of the vehicle at the time it is damaged. I/we understand and acknowledge that in such an event I/we may still owe a balance to Arrow Finance Company after application of the insurance payment, and I/we agree to pay the remaining balance due on the loan.

I/we understand that I/we have the right to have this agreement examined by an attorney if I/we desire before I/we sign my/our signature in agreement.

Customer Signature Date

Customer Signature Date

Customer Signature Date

Witness Date