

ADMINISTRATOR  
P.O. BOX 398  
DUBLIN, OH 43017  
888-218-5329

# CANCELLATION FORM

FAX # 888-810-2317

Contract Number			Contract Purchase Price	Cancel Date	ADMINISTRATOR Use Only
Year	Make	Model	Vehicle Identification Number	Mileage At Purchase Date	Mileage At Cancel Date
Seller Name			Contract Holder Name		
Seller Address			Contract Holder Address		
City, State, Zip			City, State, Zip		
<b>Reason for Cancellation</b> <input type="checkbox"/> Repossession <input type="checkbox"/> Total Loss <input type="checkbox"/> Customer Request <input type="checkbox"/> Unwound Deal <input type="checkbox"/> Other _____			Business Phone	Home Phone	
			Contract Holder Signature		
Lien Holder			I hereby request cancellation of my Vehicle Service Contract ("Contract") described above. In consideration of this cancellation, I do hereby release and forever discharge the Service Contract Provider ("Dealer") and the Service Contract Administrator ("Administrator"), and I agree to hold the Dealer and the Administrator harmless from any and all claims, demands, actions and payments on account of the Contract, except for partial refund of the Contract charge. I further understand that the service charge indicated in the Contract may be subtracted from any refund for which I qualify.		
Address					
City, State, Zip					
<b>Attention Seller: Attach this form to the remittance report from which it is deducted</b>					