

Co-Buyer Signature



## **Cancellation Request Form**

Customer Name:		Dealership Contact Name:  Dealership Phone Number:  Last 6 of VIN:							
					Vehicle Year, Make, Model:				
					Lienholder and Address:				
					PLEASE INITIAL WHICH PRODUCT(S) YOU W	ISH TO CANCEL:			
					Vehicle Service Contract (VSC)	GAP Waiver	Maintenance	Depreciation Protection	Excess Wear & Tear
Ancillary: Road Hazard Protection _	Key Replacement	Theft Deterrent	Dent Protection	Complete Protection					
REASON FOR CANCELLATION:									
Customer Request – reason:									
Loan Paid-in-Full/Refinanced (attach copy	of Paid-in-Full letter or R	efinance Documentation)							
Customer Sold/Traded covered vehicle (a	ttach copy of Bill of Sale/0	Odometer Statement/Buye	ers Order)						
Repossession (attach copy of Repossessi	on Letter)								
Total Loss (attach letter from Insurance C	ompany or Lienholder ind	licating loss date and mile	eage, if applicable)						
Contract Back-Out or Unwind/Flat Cancel will be required)	(Dealer Representative's s	signature required; must s	submit within 30 days otherwise	e additional documentation					
PLEASE READ AND INITIAL THE FOLLOWING ITE	MS UPON REVIEW AND	AGREEMENT:							
I, the above customer, am aware that if a returned to the above lienholder to be co									
I, the above customer, am aware that remaining (prorated).	the refunds for the abov	/e products/services are	calculated based on the time	e, miles, or unused portion					
I, the above customer, am aware that u and remaining payments due on my veh		ny of the above products	s/services, I will be responsible	e for the cost of any repairs					
I, the above customer, am aware that I ar vehicle.	n responsible for providin	g written proof of lien rele	ase to the dealer if I have paid t	he loan in full on the covered					
I, the above customer, am aware that if notice to Service Payment Plan (SPP) at effective cancel date.									
I, the above customer, am aware that the being cancelled is not submitted with this		0) day delay in the cance	I process if a copy of the contr	ract for all products/services					
I HAVE READ AND UNDERSTAND THE ABOVE ST	ATEMENTS AND AGREE	ΓΟ THEM FULLY.							
	/								
Contract Holder's Signature (Required)	Date	Dealer Representa	ative Signature	Date					

GAP CANCELLATIONS: YOU HAVE THE UNCONDITIONAL RIGHT TO CANCEL GAP FOR A FULL REFUND/CREDIT WITHIN THIRTY (30) DAYS AFTER IT IS PURCHASED PROVIDED YOUR COLLATERAL HAS NOT SUFFERED A TOTAL LOSS, AND YOU COMPLETED AND RETURNED THIS FORM OR OTHER WRITTEN NOTICE OF CANCELLATION TO THE BELOW ADDRESS POSTMARKED NO LATER THAN THIRTY (30) DAYS AFTER GAP WAS PURCHASED. IF YOU DO NOT RECEIVE THE REFUND/CREDIT WITHIN SIXTY (60) DAYS OF NOTICE OF CANCELLATION/TERMINATION, CONTACT THE GAP ADMINISTRATOR.

Date