VEHICLE SERVICE CONTRACT CANCELLATION REQUEST

To Be Completed and Signed By the Contract Holder and the Selling Dealer.

COMPLETE A				COMPLETE FORMS AN ANCELLATION REQUE		AISSING DOCU	JMENT:	3 WILL
CONTRACT HOLDER				SELLING DEALER				
Name				Name				
Address	Apt No.		Address					
City	State		е	City			Z	Zip Code
Vehicle Service Contract Number				Vehicle Identification Number				
		LIENHOLD	ER I	NFORMATION				
Has Lienholder been paid	l in full? YES	NO If YES	s, att	ach evidence of payoff	. If N	IO, complete th	e follow	ving:
Lienholder Name				Account Number				
Address				City		State	Zip	Code
CONTRACT INFORMATION								
Date Contract Sold Vehicle N		leage at Sale		Date Contract Cancel	led	d Vehicle Mileage at Cancellation		
	•	REASON F	OR (CANCELLATION				
r Repossession – Attach Total Loss – Attach co Unwind – Attach Cust	equest in writing n a copy of repose py of Total Loss F omers' copy of V . Use space below n. Use space below	in the space kession papers Report. ehicle Service v.	oelov s fron Con		ef ex	planation from	·	
	Req	uired to prod	cess	TURES Cancellation Reques				
Customer's Signature		Date	5	Dealer Representat	ller Representative Signature			Date

PLEASE SUBMIT THE COMPLETED FORM TO lynnq@quirkcars.com