



## SERVICE CONTRACT CANCELLATION FORM

Contract Holder's Name			Service Contract Number		
Street Address			Dealer Name		Dealer State
City	State	Zip	Contract Holder Phone		
Lienholder			Address		

### VEHICLE DESCRIPTION

Year	Make	Model	Vehicle Identification Number
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Contract Effective Date			Cancel Effective Date		
(MO)	(DAY)	(YEAR)	(MO)	(DAY)	(YEAR)

<b>REASON FOR CANCELLATION (Check One)</b>		
<input type="checkbox"/> SALE UNWOUND	<input type="checkbox"/> VEHICLE TOTALLED	<input type="checkbox"/> THEFT
<input type="checkbox"/> REPOSSESSION	<input type="checkbox"/> CUSTOMER REQUEST	<input type="checkbox"/> OTHER _____

### Customer Request for Cancellation

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.

Customer Signature \_\_\_\_\_ (Date) \_\_\_\_\_

Send to:

**XtraRide Administrator**  
**601 Carlson Parkway • Suite 990, Minnetonka, Minnesota 55305-5218**  
**Fax: 952-473-8732**