



## SERVICE CONTRACT CANCELLATION FORM

Contract Holder's Name			Service Contract Number		Contract Effective Date (MO) (DAY) (YEAR)		
Street Address			Dealer Name				
City		State	Zip	Dealer Account Number			Dealer State
Contract Holder's Phone			Lienholder		Address		

### VEHICLE DESCRIPTION

Year	Make	Model	Vehicle Identification Number
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#### REASON FOR CANCELLATION (Check One)

- |                                       |   |                                      |
|---------------------------------------|---|--------------------------------------|
| <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. Cancellation is effective upon Administrator's receipt of Cancellation Request Form.

Contract Holder Signature \_\_\_\_\_ (Date) \_\_\_\_\_

Send to:

**Administrator**  
**6700 France Avenue South • Suite 200 • Edina, Minnesota 55435**  
**Fax: 952-473-8732**