



## CANCELLATION REQUEST FORM

Contract Holder Name: \_\_\_\_\_ Contract #: \_\_\_\_\_

Last Six of VIN \_\_\_\_\_

Address: \_\_\_\_\_

Cancellation Date: \_\_\_\_\_ Effective Date of Contract: \_\_\_\_\_

PRODUCT:  T&W  MPP  Windshield  Key Replacement  GAP  Other

Reason for Cancellation: \_\_\_\_\_

PRINT Dealership Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ (of person completing this form)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dealership Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Person Completing this Form: \_\_\_\_\_

**CANCELLATION MUST BE RECEIVED BY MAG WITHIN 15 DAYS OF THE CANCELLATION DATE OR CANCELLATION DATE WILL BE THE DATE RECEIVED.**

Fax or Mail this form and a **COPY OF THE CUSTOMERS POLICY (Front and Back)** to:

Maximus Auto Group  
3626 Grant Line Road, Suite 207  
New Albany, IN 47150

Fax: (941) 538-3026 or (866) 624-2095 Phone: (941) 739-0044

Email: [nancy@maximusautogroup.com](mailto:nancy@maximusautogroup.com)