



CANCELLATION REQUEST

| YEAR | MAKE/MODEL | VEHICLE IDENTIFICATION NUMBER | CONTRACT NUMBER |
|-----------------|-------------------|-------------------------------|-----------------|
| | | | |
| CURRENT MILEAGE | CANCELLATION DATE | REASON FOR CANCELLATION | |
| | | | |

| CONTRACT HOLDER INFORMATION | | | |
|-----------------------------|--------|-------------------|--|
| NAME: | | ADDRESS: | |
| PHONE: | EMAIL: | CITY, STATE, ZIP: | |

| LIENHOLDER INFORMATION |
|------------------------|
| LIENHOLDER NAME: |
| ADDRESS: |
| CITY, STATE, ZIP: |
| CUSTOMER LOAN NUMBER: |

| DEALER INFORMATION | |
|--------------------|--------|
| DEALER NAME: | |
| ADDRESS: | |
| CITY, STATE, ZIP: | |
| PHONE: | EMAIL: |
| | FAX: |

Send To: NATIONAL AUTO CARE
 ATTN: CANCELLATIONS
 440 POLARIS PKWY, SUITE 250
 WESTERVILLE, OH 43082-7800

EMAIL: cancellations@nationalautocare.com
FAX: (614) 438-7423

Please cancel Contract/Waiver on the above identified vehicle effective on the cancellation date listed above. I understand that once cancelled, some coverages may neither be reinstated or repurchased. A cancellation fee may apply unless prohibited by state law. Refer to your agreement for specific state regulations.

 Contract Holder's Signature

 Signature of Issuing Dealer

FORM MUST BE COMPLETED WHEN SUBMITTING CANCELLATION REQUEST TO NATIONAL AUTO CARE

NOTE: Federal Odometer Statement or Notarized Affidavit verifying mileage is required to be submitted for cancellation of Vehicle Service Agreement but not required for GAP or Ancillary products. In a case of Vehicle Repossession, proof of Repossession from Lienholder including Customer Name, VIN, Date and Mileage must be included. If cancellation is requested by Customer/Lienholder, signature is required. If Selling Dealer is out of business at time of cancellation, Customer/Lienholder may be refunded less any portion retained by the Dealer at time of sale.