## First Extended Service Corporation CUSTOMER CANCELLATION FORM

DEALERSHIP NAME		DEALER NUMBER	
ADDRESS			
CITY	STATE		ZIP
CUSTOMER NAME		TELEPHONE NUMBER	
ADDRESS			
CITY	STATE		ZIP
AGREEMENT NUMBER	VEHICLE IDENTIFICATION NUMBER (LAST 8 DIGITS)		
YEAR/MAKE MODEL	ORIGINAL IN-SERVICE DATE		
EFFECTIVE DATE OF CANCELLATION	MILEAGE AT DATE OF CANCELLATION		
REFUND TO:			
☐ LIENHOLDER ☐ CUSTOMER	$\square$ LIENHOLDER AND CUSTOMER		
Has refund been issued? [ ] Yes [ ] No	ed? [] Yes [] No		
Retail Price	\$		
Refund Amount	\$		
Cancellation Fee (if applicable)	\$	\$	
NET REFUND	\$		
Signed:			
Date Customer Signature (Optional)	Authorized Dealer Representative		

For cancellation quotes or other questions, please call us toll free:

(800) 527-3448

Please place in envelope and mail with attachments to: FIRST EXTENDED SERVICE CORPORATION

Attn: Cancellation Dept P. O. Box 804785 Chicago, IL 60680-4109

Or Overnight To:
Attn: Cancellation Dept
175 West Jackson Blvd
Chicago, IL 60604
12<sup>th</sup> Floor

Pink - Customer

FE CAFM Distribution: White – FESC Yellow – Dealer