

## **CANCELLATION REQUEST**

	DEL	VEHICL	E IDENTIFICATION NUMBER
CURRENT MILEAGE	CANCE	ELLATION DATE	REASON FOR CANCELLATIO
Ser	vice Agreemer	nt Contract Numb	er
	GAP	Contract Numb	er
	-	s occurs, we will not cancel un	
	re and Wheel	Contract Numb	
The	ft (Cancellable		
	Complete	Contract Numb	
	Other	Contract Numb	eer
	CON	FRACT HOLDER INFO	RMATION
ЛF•		ADDRESS:	
IE:		ADDRESS:	
ME:  DNE:  EMAIL:		ADDRESS: CITY, STATE,	ZIP:
			ZIP:
ONE: EMAIL:			
	TION		ZIP: SELLER INFORMATION
ONE: EMAIL:  LIENHOLDER INFORMAT	ION	CITY, STATE,	SELLER INFORMATION
ONE: EMAIL:	ION		SELLER INFORMATION
ONE: EMAIL:  LIENHOLDER INFORMAT	TION	CITY, STATE,	SELLER INFORMATION
DNE: EMAIL:  LIENHOLDER INFORMAT  NHOLDER NAME:	ION	CITY, STATE,  SELLER NAMI	SELLER INFORMATION
DNE: EMAIL:  LIENHOLDER INFORMAT  NHOLDER NAME:	ION	CITY, STATE,  SELLER NAMI	SELLER INFORMATION E:
NE: EMAIL:  LIENHOLDER INFORMAT  HOLDER NAME:  RESS:	ION	SELLER NAMI	SELLER INFORMATION E:

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

NOTE: Federal Odometer Statement or Notarized Affidavit verifying mileage is rquired 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 Seller is out of business at time of cancellation, Customer/Lienholder may be refunded less any portion retained by the Seller at time of sale.