



CANCELLATION REQUEST FORM



PLEASE SELECT ALL THAT APPLY AND ENTER CONTRACT NUMBER IF APPLICABLE
ONLY CONTRACTS MARKED WILL BE PROCESSED FOR CANCELLATION

<input type="checkbox"/> SERVICE CONTRACT _____	<input type="checkbox"/> KEY REPLACEMENT _____
<input type="checkbox"/> GAP WAIVER _____	<input type="checkbox"/> ULTIMATE VEHICLE PROTECTION _____
<input type="checkbox"/> CREDIT INSURANCE _____	<input type="checkbox"/> PDR / WINDSHIELD REPAIR _____
<input type="checkbox"/> ETCH/THEFT _____	<input type="checkbox"/> LEASE WEAR & TEAR _____
<input type="checkbox"/> TIRE & WHEEL _____	<input type="checkbox"/> PREPAID MAINTENANCE _____

CANCELLATION INFORMATION

*REQUIRED INFORMATION FOR CANCELLATION TO BE PROCESSED

*VIN: _____

DATE OF PURCHASE: _____ *CANCELLATION MILES: _____

*CANCELLATION DATE: _____

*CUSTOMER NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

SELLING DEALERSHIP: _____

CANCELLATION REASON (PLEASE SELECT ONE)

<input type="checkbox"/> CUSTOMER REQUEST	MUST BE SIGNED BY CUSTOMER
<input type="checkbox"/> TRADE IN	SIGNED BY CUSTOMER OR TRADE IN DOCUMENTS INCLUDED
<input type="checkbox"/> TOTAL LOSS	TOTAL LOSS LETTER MUST BE INCLUDED
<input type="checkbox"/> THEFT	THEFT REPORT MUST BE INCLUDED
<input type="checkbox"/> REPOSSESSION	REPOSSESSION LETTER MUST BE ATTACHED
<input type="checkbox"/> PAID IN FULL	PROOF OF PAYOFF, CUSTOMER SIGNATURE, AND MILES REQUIRED TO CANCEL VSC AND AFTERMARKETS
<input type="checkbox"/> REFINANCED	PROOF OF PAYOFF, CUSTOMER SIGNATURE, AND MILES REQUIRED TO CANCEL VSC AND AFTERMARKETS
<input type="checkbox"/> DEAL UNWOUND	VOIDED BUYERS ORDER MUST BE INCLUDED
<input type="checkbox"/> RECONTRACT	INCLUDE NEW CONTRACT

ALL EXTENDED SERVICE CONTRACTS, TW, ETCH, ULTIMATE, WINDSHIELD, PDR, KEY REPLACEMENT, LEASE, AND GAP INSURANCE REFUNDS WILL INITIALLY BE ISSUED TO THE DEALERSHIP. BASED ON THE DOCUMENTS PROVIDED, THE DEALERSHIP WILL IN TURN FORWARD THE REFUND DUE TO THE APPROPRIATE PARTY.

CUSTOMER SIGNATURE: _____ DATE: _____

(SIGNATURE ON FILE WILL NOT BE ACCEPTED)

PLEASE EMAIL COMPLETED REQUEST FORM WITH PROPER DOCUMENTATION TO CANX@FIRSTINNOVATIONS.COM OR FAX TO 512-346-1192.

OFFICE USE ONLY

ADDITIONAL PRODUCTS CANCELLED AND NOTES: