

ADMINISTRATOR

**P.O. Box 2082
Dublin, Ohio 43017
1-800-457-7703**

CANCELLATION FORM

Fax # (614) 726-3195

Contract Number			Contract Purchase Date		Cancel Date	ADMINISTRATOR Use Only
Year	Make	Model	Vehicle Identification Number		Mileage At Purchase Date	Mileage At Cancel Date
Seller Name				Contract Holder Name		
Seller Address				Contract Holder Address		
City, State, Zip				City, State, Zip		
Reason for Cancellation				Business Phone ()	Home Phone ()	
Seller Signature _____				Contract Holder Signature _____		
				Date		
Lienholder				<p>I hereby request cancellation of my Vehicle Service Contract ("Contract") described above. In consideration of this cancellation, I do hereby release and forever discharge the Service Contract Provider ("Dealer") and the Service Contract Administrator ("Administrator"), and I agree to hold the Dealer and the Administrator harmless from any and all claims, demands, actions and payments on account of the Contract, except for partial refund of the Contract charge. I further understand that the service charge indicated in the Contract may be subtracted from any refund for which I qualify.</p>		
Address						
City, State, Zip						

Attention Seller: Attach this form to the remittance report it is deducted from.