

# Vehicle Service Agreement Cancellation Request Form



**Return document to:** Pablo Creek Services, Inc., P.O. Box 40525 Jacksonville, FL 32203-0525  
or 1776 American Heritage Life Drive Jacksonville, FL 32224  
Attn: Cancellation Dept. Phone: 877-204-2242 Fax: 800-404-0554

**Please complete ALL sections of this form and submit along with a copy of a cancellation quote, if one was received, and the CarMor<sup>SM</sup> Vehicle Service Agreement.**

## SECTION A - DEALER INFORMATION *(Please PRINT)*

Account Name \_\_\_\_\_ Today's Date (mm/dd/yyyy) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

## SECTION B - CUSTOMER INFORMATION *(Please PRINT)*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Vehicle Service Agreement ID Number \_\_\_\_\_ Vehicle Identification Number (VIN) \_\_\_\_\_

Vehicle Mileage at Time of Cancellation \_\_\_\_\_ Lienholder Name \_\_\_\_\_

## SECTION C - REASON FOR CANCELLATION *(Please check one)*

**To process this cancellation request, the following supporting documentation is required:**

- Customer Request - **Attach correspondence or customer signature below**      **Date Received by Dealer** \_\_\_\_/\_\_\_\_/\_\_\_\_
- Total Loss – Attach proof of total loss      **Total Loss Date** \_\_\_\_/\_\_\_\_/\_\_\_\_
- Repossession - Attach proof of repossession from lienholder      **Repossession Date** \_\_\_\_/\_\_\_\_/\_\_\_\_
- Other, please explain \_\_\_\_\_      **Other Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Please include any supporting documentation)

## SECTION D - SIGNATURES

Dealership Personnel Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Customer Signature (If required, see Section C above) \_\_\_\_\_ Cancellation Date \_\_\_\_\_

**Call for Cancellation Quote  
Pablo Creek Services, Inc.  
877-204-2242**