

ADMINISTRATORP.O. Box 2082
Dublin, Ohio 43017
1-888-547-1522

CANCELLATION FORM

MG/CF 11/02

Contract Number		Contract Purchase Date		Cancel Date		ADMINISTRATOR Use Only	
Year	Make	Model	Vehicle Identification Number (17 digits)	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				Date			
Lienholder							
Address							
City, State, Zip							

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

W-ADMINISTRATOR Y-SELLER