

GENERAL INFORMATION

DEALERSHIP NAME	PURCHASER'S NAME
ADDRESS	ADDRESS
CITY ST ZIP	CITY ST ZIP
PHONE	PHONE

CONTRACT INFORMATION

CONTRACT #	VIN
LIENHOLDER NAME	LIENHOLDER ADDRESS
LIENHOLDER CITY, ST ZIP	LOAN ACCOUNT #

TERMINATION DETAILS

Dealership personnel may obtain a cancellation quote at www.warrantysolutions.com.

CANCELLATION DATE:	CANCELLATION ODO:
REFUND TO*: LIENHOLDER CONTRACT HOLDER	REASON FOR TERMINATION (PLEASE CHECK ONE BOX) REPOSESSION TRADED VEHICLE UN-WIND CUSTOMER REQUEST TOTAL LOSS OTHER _____ SOLD VEHICLE

*In all states but Florida, cancellation refunds will be paid by the issuing dealership to the lienholder or contract holder.

In Florida, Warranty Solutions will refund directly to the payee, specified in the "REFUND TO" section above. If the lienholder information is not provided in full, the refund will be made to the contract holder.

I request the above listed contract be terminated. I certify I have no claims pending and that I have returned the contract to the dealer on this date. I acknowledge receipt of the amount refunded, or if the service contract price was financed as part of my vehicle purchase, then I acknowledge that the refundable amount will be made to the financing source.

_____ / / _____
Purchaser Signature **Date** Dealer Representative

Please fax completed form to 800-349-1668.