ACF16A 02/17

Axiom Cancellation Request FormCANCELLATION REQUESTS MUST BE PROCESSED THROUGH THE DEALERSHIP

Return document to: Axiom Product Administration, **Attention Cancellation Dept.**

30 W. Highway D Suite 204, New Melle, Mo 63365

you may also submit this form by FAX: (636)-614-0519 or by email: contact@axiomadmin.com

SECTION A – PRODUCT TO BE CANCELLED (Select One)			
SESTION A TROBUST TO BE SAIR	PELEED (OCICOL	One	
☐ Cosmetic Wheel		Revolution Appearance	
☐ Excess Wear & Tear Protection		Revolution Bundle	
☐ Guaranteed Asset Protection (GAP)		☐ Revolution Key	
☐ Key Fob		☐ Roadside Program	
☐ Paintless Dent Repair		☐ Tire & Wheel Program	
☐ Prepaid Maintenance		☐ Vehicle Service Contract	
Contract Number:			
SECTION B – PRODUCER INFORMATION (Please PRINT)			
D. I. (D. I.) M.		\ IB	T-1-1-D-1 (-1111)
Producer (Dealer) Name	Producer (Dealer	ר) וט	Today's Date (mm/dd/yyyy)
Street Address	City		State, Zip Code
Phone Number	Fax Number		F&I Manager Name
SECTION C – CUSTOMER INFORMATION (Please PRINT)			
Last Name			First Name
VEHICLE IDENTIFICATION NUMBER (VIN)			Odometer Reading as of Cancellation Date
SECTION D – 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 Total Loss – Attach proof of total loss. Repossession – Attach proof of repossession. Other, Please Explain			
*If canceling Guaranteed Asset Protection or Excess Wear & Tear Protection, will a claim be filed? Yes No			
SECTION E - SIGNATURES			
Dealership Personnel Signature		Print Name	
Customer Signature (if required, see Section D above)		Cancellation Date	

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