

**GENERAL INFORMATION**

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

**CONTRACT INFORMATION**

CONTRACT # (INCLUDE VSC AND GAP IF APPLICABLE)	VIN
LIENHOLDER NAME	LIENHOLDER ADDRESS
LIENHOLDER CITY, ST ZIP	LOAN ACCOUNT #

**TERMINATION DETAILS (Dealership personnel may obtain a cancellation quote at [www.warrantysolutions.com](http://www.warrantysolutions.com).)**

CANCELLATION DATE:	CANCELLATION ODO:	
<b>CANCEL PRODUCT:</b>  VSC GAP	<b>REFUND TO*:</b>  LIENHOLDER CONTRACT HOLDER	<b>REASON FOR TERMINATION (please select one)</b>  CUSTOMER REQUEST / TRADE IN / SOLD REPOSSESSION UNWIND TOTAL LOSS OTHER _____

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

(VSC Only) 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(s) be terminated. I certify I have no claims pending. I acknowledge receipt of the amount refunded, or if the contract price was financed as part of my vehicle purchase, I acknowledge the refundable amount will be made to the financing source.

\_\_\_\_\_ / / \_\_\_\_\_  
Purchaser Signature Date Dealer Representative

**Please fax completed form to 800-349-1668.**