

## CANCELLATION REQUEST

Year:	Make:		Model:		VIN Number:		
Mileage at Issue:			Mileage Today:				
Contract Number:	Issue Date:		Cancellation Date:		Contract Date:		
Dealer Name:			Contract Holder:				
Address:			Address:				
City:	State:	Zip Code:	City:		State:	Zip Code:	
Dealer Rep Name: Dealer Rep Phone:		Home Phone:		Business Phone:			
Dealer Rep Email Address:			Reason for Cancellation:				
Lienholder:			Loan Number:				
Address:			City:		State:	Zip Code:	
<u>ALL FIELDS ARE REQUIRED</u> - <u>Form must be filled out completely before submitting cancellation request</u>							
MAIL, FAX OR EMAIL TO: Endurance Dealer Services Processing Center 400 Skokie Blvd., Suite 105, Northbrook, IL 60062 Fax: 847-919-4437   Email: cancellations@enduranceds.com							
— Please allow 10-15 business days for cancellation refund check to be mailed to dealership or lienholder —							
Federal Odometer Statement or Notarized Affidavit verifying mileage is required to be submitted for cancellation of Vehicle Service Agreement but not required for GAP or Ancillary products. In a case of Vehicle Repossession, proof of Repossession from Lienholder including Customer Name, VIN, Date and Mileage must be included. If cancellation is requested by Customer/Lienholder, signature is required. If Selling Dealer is out of business at time of cancellation, Customer/Lienholder may be refunded less any portion retained by the Dealer at time of sale.							
Contract Holder Signature:				Date:			

contract norder Signature.	Date.
Issuing Dealer Signature:	Date: