



Contract Number

Dealer Number

AGREEMENT CANCELLATION FORM

SEND TO:

Smart AutoCare
 P.O. Box 852770
 Richardson, TX 75085
 Email: cancellations@smartautocare.com

Contract Type

Dealer Name			Agreement Holder's Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Lien Holder	Address
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***CURRENT MILEAGE MUST BE PROVIDED**

Contract Effective Date (MO) (DAY) (YEAR)	Cancel Effective Date (MO) (DAY) (YEAR)	Mileage at Issue	*Cancellation Mileage

REASON FOR CANCELLATION (CHECK ONE)

- SALE UNWOUND (must be submitted within 30 days of purchase)
- REPOSSESSION (attach proof of repossession)
- VEHICLE TOTALED (attach proof of total loss)
- CUSTOMER REQUEST

VEHICLE DESCRIPTION

Year	Make	Model	Vehicle Identification Number
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CUSTOMER REQUEST FOR CANCELLATION

I hereby request cancellation of my Vehicle Service Contract ("Contract") described above. In consideration of this cancellation, I do hereby release and forever discharge the Service Contract Provider ("Dealer") and the Service Contract Administrator ("Administrator"), and I agree to hold the Dealer and the Administrator harmless from any and all claims, demands, actions and payments on account of the Contract, except for partial refund of the Contract charge. I further understand that the service charge indicated in the Contract may be subtracted from any refund for which I qualify.

Dealer: _____ Customer: _____ Date: _____