

WISECARE CANCELLATION REQUEST FORM

Please complete ALL sections of this form and submit it along with a copy of the WiseCARE contract.

(Please PRINT)

SECTION A – DEALER INFORMATION

SECTION B – CUSTOMER/BORROWER INFORMATION

| | |
|-------------------------|-----------------------|
| DEALER NAME | LAST NAME |
| ADDRESS | FIRST NAME |
| CITY STATE ZIP | ADDRESS |
| CONTACT NAME (REQUIRED) | CITY STATE ZIP |
| PHONE FAX | CUSTOMER PHONE NUMBER |

SECTION C – FINANCIAL INSTITUTION INFORMATION

SECTION D – VEHICLE/ADDENDUM INFORMATION

| | |
|----------------------------|--|
| FINANCIAL INSTITUTION NAME | CONTRACT NUMBER – INCLUDING LETTERS (REQUIRED) |
| ADDRESS | CONTRACT EFFECTIVE DATE CANCEL DATE |
| CITY STATE ZIP | CUSTOMER CONTRACT COST CONTRACT TERM |
| CONTACT | YEAR MAKE MODEL |
| PHONE FAX | VEHICLE IDENTIFICATION NUMBER – INCLUDING LETTERS _____ |

SECTION E – REASON FOR CANCELLATION (Please check one)

To process this cancellation request, the following supporting documentation is required:

CUSTOMER REQUEST - Cancel form or cancellation letter with signature of contract holder

PAY OFF - Proof of payoff from lienholder on contract

REFINANCE - Proof of refinance with new lien holder and proof of payoff from lienholder on contract

REPOSSESSION - Repossession letter from lienholder on contract

TRADE/SOLD/RETURNED - Odometer statement or cancellation form with signature of contract holder

RE-CONTRACT/FRAUD/LOAN NOT FUNDED - Proof of re-contract/fraud/loan not funded

TOTAL LOSS - Cancel form with signature of contract holder

SECTION F – SIGNATURES

I hereby request cancellation of the WiseCARE contract. In consideration of this cancellation, I do hereby release and forever discharge the Dealer/Creditor and I agree to hold the Financial Institution/Lender and Dealer/Creditor harmless from any and all claims, demands, action and payment on this Addendum, except for partial refund of the charge.

CUSTOMER SIGNATURE (If required, see Section E above) DATE

DEALERSHIP PERSONNEL SIGNATURE PRINT NAME

Return signed document to:
ATTN: WiseCARE Cancellation Dept.
Vehicle Services Administrator LLC, 11662 Gravois Road, #22439, St. Louis, MO 63126
Phone: 888-205-0200 Fax: 636-600-4426 Email: cancellations@wisefandi.com