

**VEHICLE SERVICE CONTRACT
CANCELLATION REQUEST FORM**



Please complete ALL sections of this form and submit it along with a copy of the 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	EFFECTIVE DATE CANCEL DATE ODOMETER/MILEAGE
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

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

ATTACH ODOMETER STATEMENT SIGNED BY DEALERSHIP INDICATING MILEAGE OF THE VEHICLE AT TIME OF CANCELLATION OR NOTARIZED ODOMETER STATEMENT (IF UNABLE TO RETURN TO DEALERSHIP).

SECTION F – SIGNATURES

I hereby request cancellation of the vehicle service 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: VSC Cancellation Dept.
Vehicle Service Administrator LLC, 11662 Gravois Road, #22439, St. Louis, MO 63126
Phone: 800-282-8832 Fax: 636-600-4426 Email: cancellations@wisefandi.com**