

ATTACH CORRELATING PRODUCT REGISTRATION PAGE OR CONTRACT TO THIS FORM

CAREGARD

CANCELLATION REQUEST

(Please Print or Type)



1900 Champagne Blvd
Grapevine, TX 76051

DEALER NUMBER

VEHICLE IDENTIFICATION NUMBER

CONTRACT NUMBER

DEALER NAME:

CONTRACT HOLDER'S NAME:

ADDRESS:

ADDRESS:

CITY, STATE, ZIP:

CITY, STATE, ZIP:

EFFECTIVE DATE (MO/DAY/YR)

CONTRACT TERM-YEAR/MILES

CANCELLATION DATE (MO/DAY/YR)

CANCELLATION MILEAGE

REASON FOR CANCELLATION: (Check One)

SALE UNWOUND

VEHICLE TOTALED

REPOSSESSION

CUSTOMER REQUEST

OTHER: _____

CONTRACT HOLDER SIGNATURE

DATE

REQUESTED BY (Authorized Dealer Representative)

DATE