

Aftercare

905 Hyde Court
Costa Mesa, CA 92626-6900
(800) 3 **A-f-t-e-r-care** or (800) 832-3237
(714) 546-0808
Fax (714) 546-0849

CANCELLATION REQUEST

Date _____

Dealer Number _____

CONTRACT INFORMATION

Dealership Name _____

Buyer Name _____

Contract Number _____

Contract Effective Date _____ Odometer Reading _____

Contract Cancellation Date _____ Odometer Reading _____

REASON FOR CANCELLATION

- _____ Sale Unwound
- _____ Repossession (Please attach copies of repossession papers)
- _____ Vehicle Totaled (Please attach copies of insurance settlement papers)
- _____ Customer Request
- _____ Non-Payment
- _____ Other (Please specify)

Buyer Signature _____ Dealer's Signature _____

PLEASE NOTE:

Cancellations are pro-rated on elapsed coverage.

Please sign and send this CANCELLATION REQUEST with the Buyer's copy of the **Aftercare** contract to the address listed in the upper left hand corner of this form.

Cancellations take approximately 30 days to process from the time they are received by **Aftercare.**

Cancellation refunds are sent to the Dealer who issued the contract originally.

FOR USE BY **Aftercare**

Date received: _____ Percentage: _____

Process month: _____ Remit: _____

