

# 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: \_\_\_\_\_

