



Cancellation Request Form

To ensure quick processing of your cancellation request, please provide all information and documentation required. Cancellations will not be processed until all information has been received.

Today's Date

VSC NUMBER VIN# DEALER #

DEALERSHIP NAME CONTRACT HOLDER NAME

ADDRESS ADDRESS

CITY, STATE, ZIP CITY, STATE, ZIP

LEINHOLDER

LEIN HAS BEEN PAID. PLEASE ATTACH PROOF THAT LEIN HAS BEEN SATISFIED. ALL REFUND CHECKS WILL BE MADE PAYABLE TO LEINHOLDER UNLESS PAYOFF IS VERIFIED.

REASON FOR CANCELLATION: (Please check One)

- SALE UNWOUND**
Must provide "VOIDED" Buyers Guide
- REPOSSESSION**
Must provide Proof of Repossession from Leinholder
- OTHER** _____
- VEHICLE TOTALED**
(Must provide Total Loss Statement from Leinholder or Insurance Company)
- CUSTOMER REQUEST***
Must provide Customer Signature or include Customer Signed Request

PLEASE INCLUDE A COPY OF YOUR SERVICE CONTRACT WITH THIS CANCELLATION REQUEST FORM.

CANCELLATION DATE PURCHASE DATE PURCHASE MILEAGE

CANCELLATION MILEAGE

TERMS OF YOUR SERVICE CONTRACT

YEARS MILEAGE

*** Must be received in our office within 45 days of Cancellation Date.**

CUSTOMER SIGNATURE _____ Date: _____

DEALER SIGNATURE _____ Date: _____

FAX COMPLETED CANCELLATION REQUEST TO: (423) 282-2549

OR

MAIL COMPLETED CANCELLATION REQUEST TO:

268 CHRISTIAN CHURCH ROAD
JOHNSON CITY, TN 37615

Please allow 4 to 6 weeks for processing of cancellation.

For Office Use Only:

Received: _____

Quote: _____ T M

Verified: _____