



CANCELLATION FORM

ORIGINAL CONTRACT HOLDER'S NAME		CONTRACT NUMBER	
MAILING ADDRESS		PHONE NUMBER	
CITY		STATE	ZIP
VIN	VEHICLE YEAR, MAKE & MODEL		

REASON FOR CANCELLATION REQUEST:

- TOTAL LOSS: ATTACH INSURANCE COMPANY'S STATEMENT OF LOSS, INCLUDING VIN, DATE OF LOSS, AND MILEAGE AT TIME OF LOSS
- REPOSSESSION: ATTACH LIENHOLDER'S STATEMENT OF REPO, INCLUDING VIN, DATE OF REPO, AND MILEAGE AT TIME OF REPO
- TRADE-IN
- CUSTOMER REQUEST
- OTHER: _____

NOTE: IF YOUR VEHICLE HAS BEEN PAID OFF, PLEASE ATTACH THE PAY-OFF LETTER FROM YOUR LENDER. OTHERWISE, ANY REFUND WILL BE SENT TO THE LENDER

ODOMETER STATEMENT

THIS IS TO CERTIFY THAT I, THE UNDERSIGNED, AM THE LAWFUL OWNER OF THE MOTOR VEHICLE DESCRIBED ON THIS FORM AND THAT I HAVE, ON THE DATE ENTERED BELOW, MADE A PHYSICAL INSPECTION OF THE MOTOR VEHICLE AND HAVE VERIFIED THE VEHICLE IDENTIFICATION NUMBER AND RECORDED THE ODOMETER READING IN THE SPACES PROVIDED ON THIS FORM.

I/WE STATE THAT THE ODOMETER NOW READS:

--	--	--	--	--	--

(DO NOT INCLUDE TENTHS)

I/WE HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE ODOMETER READING:

- 1. REFLECTS THE ACTUAL MILEAGE
- 2. IS IN EXCESS OF ITS MECHANICAL LIMITS
- 3. IS NOT THE ACTUAL MILEAGE

ORIGINAL CONTRACT HOLDER'S SIGNATURE

DATE

SELLING DEALER REPRESENTATIVE SIGNATURE