



Service Contract Number
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Dealer Number
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## AGREEMENT CANCELLATION FORM

**Send to:**

Smart Autocare  
 P.O. Box 852770  
 Richardson, TX 75085  
 Fax: 201-961-6801  
 Email: cancellations@asi-profits.com

Dealer Name			Contract Holder's Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Lien Holder	Address
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**\*CURRENT MILEAGE MUST BE PROVIDED**

Contract Effective Date (MO)      (DAY)      (YEAR)	Cancel Effective Date (MO)      (DAY)      (YEAR)	Mileage at Issue	*Cancellation Mileage

**Reason for Cancellation (Check One)**

- SALE UNWOUND
- REPOSSESSION
- VEHICLE TOTALED
- CUSTOMER REQUEST

**VEHICLE DESCRIPTION**

Year	Make	Model	Vehicle Identification Number
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**Customer Request for Cancellation**

I hereby request cancellation of my Vehicle Service Contract ("Contract") described above. In consideration of this cancellation, I do hereby release and forever discharge the Service Contract Provider ("Dealer") and the Service Contract Administrator ("Administrator"), and I agree to hold the Dealer and the Administrator harmless from any and all claims, demands, actions and payments on account of the Contract, except for partial refund of the Contract charge. I further understand that the service charge indicated in the Contract may be subtracted from any refund for which I qualify.

Dealer: \_\_\_\_\_ Customer: \_\_\_\_\_ Date: \_\_\_\_\_