

# CANCELLATION REQUEST/QUOTE FORM



<input type="checkbox"/>	CANCEL
<input type="checkbox"/>	QUOTE
<input type="checkbox"/>	QUOTE & CANCEL

**EFG Companies**  
 PO Box 167667  
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 Ph: (800) 527-1984 ext.8703  
 Fx: (972) 445-8386

CUSTOMER INFORMATION	
Customer #: _____	Original Purchase Date: _____
VIN #: _____	
Customer Name: _____	
Address: _____	Cancellation Date: _____
City: _____ State: _____ Zip: _____	Cancellation Miles: _____
Customer Signature: _____	

**CHECK THE BOX FOR EACH PRODUCT TO BE CANCELED**

<input type="checkbox"/> MOTORCYCLE
VSC Contract #: _____
Customer Refund: \$ _____
Dealer Refund: \$ _____
Cancel Percentage: % _____

<input type="checkbox"/> GAP
GAP Contract #: _____
Customer Refund: \$ _____
Dealer Refund: \$ _____
Cancel Percentage: % _____

<input type="checkbox"/> TIRE & WHEEL
Contract #: _____
Customer Refund: \$ _____
Dealer Refund: \$ _____
Cancel Percentage: % _____

<input type="checkbox"/> OTHER PRODUCTS
Product Name: _____
Contract #: _____
Customer Refund: \$ _____
Dealer Refund: \$ _____
Cancel Percentage: % _____

**REASON FOR CANCELLATION (Please check one)**

- |   |   |
|---|---|
| <input type="checkbox"/> Customer Request   | <input type="checkbox"/> Traded-Sold (Attach Lein Holder paid letter) |
| <input type="checkbox"/> Total Loss: <b><u>PAYOFF NOTICE MUST BE INCLUDED</u></b> | <input type="checkbox"/> Backout/Unwind                               |
| <input type="checkbox"/> Repo (Attach Repo Notice)                                | <input type="checkbox"/> Flat Cancel (within 30 days)                 |
| <input type="checkbox"/> Customer Req/Downpayment                                 | <input type="checkbox"/> Other: _____                                 |

Dealer Name: \_\_\_\_\_ Dealer Account #: \_\_\_\_\_

Dealer Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_