



DENT PROTECTION

CANCELLATION REQUEST FORM

This form will be used for the purpose of evaluating a cancellation request only and does not constitute an agreement of cancellation. In order to complete your cancellation request, please print, sign and turn in a copy to your Seller to obtain any refund that might be due.

Contract Number:	Contract Effective Date:
Vehicle Identification Number (VIN):	Cancellation Date:
Customer Name:	Seller Name:
Odometer Reading at Cancellation Date:	

Reason for Cancellation (Please Check One):	
<input type="checkbox"/> Customer Request	<input type="checkbox"/> Traded-Sold (Attach Lienholder Payoff Notice) Total
<input type="checkbox"/> Loss (Attach Loss Documents)	<input type="checkbox"/> Back-out/Unwind
<input type="checkbox"/> Repossession (Attach Repo. Notice)	<input type="checkbox"/> Re-Contracted
<input type="checkbox"/> Loan paid off/Refinanced	<input type="checkbox"/> Other: _____

Contract means: Contract, Limited Warranty, Service Warranty listed on the Registration Page.

Please review STATE REQUIREMENTS & DISCLOSURES for Your state specific cancellation language. You are entitled to a full refund if You contact and provide written notice of the cancellation with the first thirty (30) days after the Purchase Date, and if you have not filed a claim against the Contract. If the cancellation request is thirty-one (31) days or more after the Purchase Date, you shall receive a pro-rata refund (less a fifty dollar (\$50) processing fee owed to Administrator) unless specified otherwise by State law or required otherwise by Administrator. If the purchase price of this Contract was included in the financing of the Vehicle, or financed by a funding company, any refund due will be paid to Financial Institution/Lender on Your behalf, and the refund will be deducted from Your balance owed.

Customer Signature: _____ Date: _____

Please attach a copy of the Registration Page and supporting documents to this request. Cancellations will not be processed without proper documentation.



Administered by
Enterprise Financial Group, Inc. (EFG)
 P.O. Box 167667, Irving, TX 75016, ph. 800-527-1984 (8703), fax. 972-445-8386



09/24/12