



ADMINISTRATIVE OFFICES



P.O. Box 634
Shawnee Mission, Kansas 66201-0634

REQUEST TO CANCEL A PAINTLESS DENT REPAIR PROTECTION PLAN

ALL INFORMATION MUST BE FILLED OUT COMPLETELY AND LEGIBLY TO

PROCESS THIS CANCELLATION REQUEST.

ANY INFORMATION OMITTED MAY DELAY THE PROCESS.

CUSTOMER INFORMATION

Name _____

Address _____

City, State & Zip Code _____

Area Code/Phone Number _____

AUTO DESCRIPTION

Year, Make and Model _____

Last six digits of identification number _____

LIENHOLDER INFORMATION

Is there a lien on vehicle Yes¹ No²

Lienholders name _____

Lienholders address _____

Account number _____ Lienholders phone number (_____) _____

¹Cancellation requests received on autos that are still secured by a lien must have the Lienholders name, address, account number and phone number included on this cancellation request form. ALL REFUNDS ON AUTOS THAT ARE STILL SECURED BY A LIEN WILL BE PAID DIRECTLY TO THE LIENHOLDER.

²Cancellation requests received on autos that have had the lien paid off or released must have attached proof of release of lien, copy of clear title or a lien release letter from lienholder. If not included, proceeds will go to lienholder.

PLAN NAME(S) TO BE CANCELLED

REASON FOR CANCELLATION (Please check one reason only)

Customer request Reason _____

Cancellation Date: _____ (If other than today's date see below)

Cancellation Mileage: _____

If cancellation date is other than today's date, documentation is required as follows:

- If your auto was **traded** or **sold**, attach a copy of the odometer statement.
- If a **total loss** occurs to your auto, and the cancellation date is prior to request date, attach a copy of the insurance loss report and record the mileage.
- If a **repossession** occurs, attach a copy of the lienholder's request.
- Flat cancellatoin (full refund "if" cancellation is done within 30 days of purchase date and a claim has not been filed, a cancellation fee may apply).

We reserve the right to verify and document date and mileage. All refunds on autos that are still secured by a lien will be paid directly to the lienholder. For cancellation proceeds on clear liens, distribution of cancellation proceeds other than described herein must have separate, customer signature-endorsed instructions.

Dealers Name _____ Customer Name _____

Dealer Signature _____ Customer Signature _____

Dealer Signature _____ Date Signed _____

(Please Print)