

Preferred Customer Program Cancellation Form



CUSTOMER INFORMATION

FIRST NAME	LAST NAME	TELEPHONE () -	
ADDRESS	CITY	STATE	ZIP

DEALERSHIP INFORMATION

SELLING DEALER			DEALER FAX
DEALER ADDRESS	CITY	STATE	ZIP
LIENHOLDER	ADDRESS		

VEHICLE INFORMATION

CONTRACT NUMBER		VIN NUMBER	
YEAR	MAKE	MODEL	CURRENT ODOMETER READING

REASON FOR TERMINATION

- REPOSSESSION
 UN-WIND
 TOTAL LOSS
 SOLD VEHICLE
 TRADED VEHICLE
 CUSTOMER REQUEST
 OTHER (PLEASE SPECIFY) _____

I request the above listed Contract be terminated. I certify that I have no service redemption vouchers pending. Attached herewith are my unused vouchers. I acknowledge that PCP, LLC will not process this cancellation request until PCP, LLC is in receipt of both this signed cancellation request form and all unused vouchers. I further acknowledge that if this PCP Contract Fee was financed as part of my vehicle purchase, the refundable amount will be made to the Financing Source.

PURCHASER SIGNATURE (REQUIRED)

DATE

DEALER REPRESENTATIVE

Office Use Only

Date Of Termination	MONTH	DAY	YEAR	Current Miles	_____	Contract Price	_____
Date Of Issue	_____	_____	_____	Miles At Issue	_____	Less Termination Fee	40.00
Days Elapsed	_____			Miles Elapsed	_____	Total Refund Due	_____
Services Redeemed	_____						

DATE OF RECEIPT _____

Please fax back to 251.928.3943