



CANCELLATION REQUEST

YEAR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER	CONTRACT NUMBER
CURRENT MILEAGE	CANCELLATION DATE	REASON FOR CANCELLATION	

CONTRACT HOLDER INFORMATION		
NAME:		ADDRESS:
PHONE:	EMAIL:	CITY, STATE, ZIP:

LIENHOLDER INFORMATION
LIENHOLDER NAME:
ADDRESS:
CITY, STATE, ZIP:
CUSTOMER LOAN NUMBER:

SELLER INFORMATION	
SELLER NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
PHONE:	EMAIL:
	FAX:

Send To: NATIONAL AUTO CARE
 ATTN: CANCELLATIONS
 440 POLARIS PKWY, SUITE 250
 WESTERVILLE, OH 43082-7800

Please cancel Contract/Waiver on the above identified vehicle effective on the cancellation date listed above. I understand that once cancelled, some coverages may neither be reinstated or repurchased. A cancellation fee may apply unless prohibited by state law. Refer to your agreement for specific state regulations. I also understand that if a lien was recorded on the original policy, a lien release or statement of payoff must be attached. Otherwise, cancellation proceeds will be remitted to the lienholder of record.

EMAIL: cancellations@nationalautocare.com
FAX: (614) 438-7423

 Contract Holder's Signature

 Signature of Issuing Seller

FORM MUST BE COMPLETED WHEN SUBMITTING CANCELLATION REQUEST TO NATIONAL AUTO CARE

NOTE: Federal Odometer Statement or Notarized Affidavit verifying mileage is required to be submitted for cancellation of Vehicle Service Agreement but not required for GAP or Ancillary products. In a case of Vehicle Repossession, proof of Repossession from Lienholder including Customer Name, VIN, Date and Mileage must be included. If cancellation is requested by Customer/Lienholder, signature is required. If Seller is out of business at time of cancellation, Customer/Lienholder may be refunded less any portion retained by the Seller at time of sale.