

CANCELLATION REQUEST AND RELEASE

CANCELLATION REQUESTED BY (CHECK ONE):		
___ DEALER	___ LIENHOLDER	___ CUSTOMER
PROGRAM ADMINISTRATOR:		
___ CARco	___ POWERGUARD	___ AUTOSHIELD
PRODUCT YOU WISH TO CANCEL (SELECT ANY THAT APPLY):		
___ GAP	___ TIRE & WHEEL	___ CAVP ___ OTHER:
TODAY'S DATE:		REQUESTED CANCELLATION DATE:
CUSTOMER NAME:		CUSTOMER PHONE NUMBER:
CONTRACT NUMBER(S):		CUSTOMER EMAIL:
CUSTOMER ADDRESS:		
CUSTOMER CITY:	CUSTOMER STATE:	CUSTOMER ZIP:
DEALER NAME:		LENDER NAME:
VIN:		
YEAR:	MAKE:	MODEL:
REASON FOR CANCELLATION AND REQUIRED DOCUMENTATION <i>A REASON MUST BE SELECTED AND DOCUMENTS MUST BE SUBMITTED IN ORDER FOR US TO PROCESS YOUR CANCELLATION IN A TIMELY MANNER. FAILURE TO COMPLY, MAY RESULT IN DELAYED PROCESSING TIMES.</i>		
___ CUSTOMER REQUEST (PLEASE EXPLAIN): ___ *ATTACH COPY OF THE CONTRACT		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> ___ TRADE IN ___ *ATTACH COPY OF CONTRACT & NEW BILL OF SALE </div> <div style="width: 45%;"> ___ TOTAL LOSS ___ *ATTACH COPY OF CONTRACT & TOTAL LOSS REPORT *I understand and agree that by cancelling this contract I am forfeiting my right to file any claim(s) under the contract described above, and I may be responsible for any amounts due or owing that would have otherwise been covered by the contract. </div> </div>		
___ REPOSSESSION ___ *ATTACH COPY OF CONTRACT & REPOSSESSION LETTER		
___ OTHER (PLEASE EXPLAIN): ___ *ATTACH COPY OF THE CONTRACT		
<p>I hereby request a cancellation of the contract(s) described above. By signing below, I release the selected Program Administrator from any and all liability with respect to the described contracts. I further agree to hold the selected Program Administrator harmless from any claims, actions, or payments. I understand that any refund due will be sent to the lienholder listed on the contract. I understand that this refund may not reduce my monthly payment. I understand that there may be a cancellation fee, where such a fee is permitted. Please see the contact for specific details.</p> <p>Customer Signature: _____</p> <p>Date: _____</p> <p>NOTE: This form must be signed by the customer expect in the event of repossession. The requested cancellation date cannot be any earlier than the date this form is completed and signed by the customer. This form must be completed and submitted to the PROGRAM ADMINISTRATOR within thirty (30) days of the requested cancellation date.</p>		

FAX: 1.610.524.8504

Email: cancellations@carcogap.com

Mailing Address: PO BOX 1268 Exton PA 19341