



Service Group

P.O. Box 26830, Austin, Tx 78755-0800
877-565-0816 Fax 512-485-2787
cancellations@sgifs.com

Product Cancellation Request

Customer Name:		Email Address:	
Address:			
City:	State:	Zip:	

Producer/Dealer Name:		Producer/Dealer Number	
Address:			
City:	State:	Zip:	

Vehicle Year	Vehicle Make/Model & VIN	Odometer Reading
--------------	--------------------------	------------------

Product	
<input type="checkbox"/> DRW	Contract Number:
<input type="checkbox"/> Limited Maintenance	Contract Number:
<input type="checkbox"/> PDR	Contract Number:
<input type="checkbox"/> SDS	Contract Number:
<input type="checkbox"/> Short Term	Contract Number:
<input type="checkbox"/> Vehicle Service Agreement	Contract Number:
<input type="checkbox"/> CSO	Contract Number:
<input type="checkbox"/> GAP Waiver	Contract Number:
<input type="checkbox"/> GAP Insurance	Policy Number: Deal Number:
Release of Return Premium GAP Insurance Only: <input type="checkbox"/> Check to Insured <input type="checkbox"/> Check to Creditor <input type="checkbox"/> Credit Agent's Account	

Reason for Cancellation

- | | |
|--|---|
| <input type="checkbox"/> Contract Payoff (Copy of Payoff Letter Required) | <input type="checkbox"/> Customer/Borrower Request |
| <input type="checkbox"/> Repossession (Copy of Repossession Letter from Lienholder Required) | <input type="checkbox"/> Sale Unwound |
| <input type="checkbox"/> Trade (Copy of proof of trade with odometer reading Required) | <input type="checkbox"/> Total Loss (Copy of Total Loss Letter) |
| <input type="checkbox"/> Other _____ | |

Effective Date of Cancellation _____

Cancellation Mileage: _____

Request for Cancellation Acknowledgment: I, _____ (the "customer"), request cancellation of the product indicated above. Once the cancellation request has been approved, I do hereby release and forever discharge the entity and/or entities providing the product indicated above, and I agree to hold them harmless from any and all claims, demands, action and payment on this request, except for prorated refund of the charge. I acknowledge this form is a request for cancellation and is not a confirmation of the above indicated product being approved for cancellation and/or refund.

Customer Signature

Producer/Dealer/Agent's Signature