

## **Cancellation Form**

<ol> <li>All information must be completed to avoid delays in processing.</li> <li>Attached copy of customer's original Contract.</li> <li>Please, fax or mail to administrator:         <ul> <li>Cancellations Department</li> <li>3500 Piedmont Road NE, Suite 400</li> <li>Atlanta, Georgia 30305</li> <li>FAX: 678-553-1374</li> <li>cancellations@sgintl.com</li> </ul> </li> <li>Allow three to four weeks for processing.</li> </ol>	Reason for Cancellation (Select One)  Loan Paid Off  Repossession (Must include Repossession letter from lienholder)  Other	Product To Be Cancelled:  Guaranteed Asset Protection (GAP)  Lease Wear & Tear  Tire & Wheel Protection  Vehicle Service Contract (VSC)*  Other:
Registered Customer's Name		
Address		
City	State ZIP Phone Nu	ımber
	State In Thomas	
Dealer Name		
Last 7 Digits of Vehicle Identification Number (VIN)		
Contract Purchase Date	Cancellation/Repo Date	
Year Make	Model	
Lienholder		
Term of Contract/Finance Agreement	Months in Effect	
*Additional Information Needed for Cancellation of	f Vehicle Service Contract (VSC)	
Odometer on Purchase Date	Odometer on Cancel Date	
I hereby request cancellation of my agreemer I realize I relinquish all rights and provisions.		ns and conditions of my agreement.
Registered Customer Signature		Date
Dealer Signature		Date
Notes		
Administrator Use Only		

SGCNL Rev 12/11