

CANCELLATION REQUEST

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(Please Print or Type)

Warrantech Automotive, Inc. P. O. Box 1179 Bedford, TX 76095

An AmTrust Financial Company

CONTRACT NUMBER	VEHICLE IDENTIFICA	ATION NUMBER	DEALER CO	DDE NUMBER	
Dealer Name		Contract Holder Name	Contract Holder Name		
Street Address		Street Address	Street Address		
City, State, Zip		City, State, Zip			
GAP 1	APPEARANCE PKG	CANCELLATION DATE* Month Day Yea		ION MILEAGE*	
REASON FOR CANCELLATION: (Check One) SALE UNWOUND REPOSSESSION VEHICLE TOTALLED		CONTRACT HOLDER SIGNATURE DATE			
CUSTOMER REQUEST		REQUESTED BY (AUTHO	REQUESTED BY (AUTHORIZED DEALER REPRESENTATIVE) DATE		

REV1213

^{*}An odometer or notarized statement indicating the odometer reading on the requested cancellation date will be required.