

CANCELLATION FORM

CANCELLATION REQUESTED BY (CHECK ONE)*:		CONTRACT TYPE:			
CUSTOMER	CUSTOMER LIENHOLDER DEALER		VEHICLE SERVICE GAP		
CONTRACT AND	CANCELLATION	INFORMATIO	N N		
DATE OF THIS REQU	EST:		CANCELLATION DAT	E REQUESTED*:	
CUSTOMER NAME*:			CONTRACT NUMBER(S):		
CUSTOMER ADDRES	S*:				
CITY*:			STATE*:		ZIP*:
NAME OF PARTY MA	KING REQUEST*:		·		
VEHICLE INFORM	MATION				
YEAR*:		MAKE*:		MODEL	*.
VIN*:					
ODOMETER READING AT REQUESTED CANCELLATION DATE*:					
IS THERE A LIENHOLDER?*: YES NO IF YES, NAME OF LIENHOLDER:					
LIENHOLDER ADDRESS:					
CITY:			STATE:		ZIP:
NAME OF SELLING DEALERSHIP: LIENHOLDER ACCOUNT NUMBER:					
REASON FOR CANCELLATION AND REQUIRED DOCUMENTATION					
A reason for cancellation must be selected. The requesting party must provide the appropriate paperwork listed after the selected reason. REASON FOR CANCELLATION					
CUSTOMER REQUEST (PLEASE EXPLAIN) ATTACH ODOMETER STATEMENT^					
			REPOSSESSION		
TRADE IN ATTACH ODOMET	ER STATEMENT^		ATTACH LETTER OF REPOSS	ESSION	
SOLD PRIVATELY TOTAL LOSS ATTACH ODOMETER STATEMENT^ ATTACH TOTAL LOSS REPORT					
OTHER					
ATTACH ODOMETER STATEMENT^					
^ = An Odometer Statement can be any document that provides evidence of the mileage at the time of the cancellation request.					
SIGNATURE					
I hereby request cancellation of the Vehicle Service Contract/GAP Contract defined above. In consideration of such cancellation, I release and discharge Alpha Warranty Services from any and all liability with respect to this Vehicle Service Contract/GAP Contract. I further agree to hold Alpha Warranty Services harmless from any claims, actions, or payments. I represent I have authority to execute this request.					
CUSTOMER OR REQUESTING PARTY*:DATE:DATE:					
	NAME:		(PRINT)		
RETURN COMPL	ETED CANCELLA	TION FORMS			
<u>BY MAIL</u> :	ALPHA WARRA PO BOX 580 RIVERTON, UT	NTY SERVICES		801.987.9998 cancel@alpha	