

PORTFOLIO GROUP CUSTOMER CANCELLATION FORM

DEALERSHIP NAME		DEALER NUMBER	
ADDRESS			
CITY		STATE	ZIP
CUSTOMER NAME		TELEPHONE NUMBER	
ADDRESS			
CITY		STATE	ZIP
AGREEMENT NUMBER		VEHICLE IDENTIFICATION NUMBER (LAST 8 DIGITS)	
YEAR/MAKE MODEL		ORIGINAL IN-SERVICE DATE	
EFFECTIVE DATE OF CANCELLATION		MILEAGE AT DATE OF CANCELLATION	

REFUND TO:		
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> CUSTOMER	<input type="checkbox"/> LIENHOLDER AND CUSTOMER
Has refund been issued? [] Yes [] No		
Retail Price	\$ _____	
Refund Amount	\$ _____	
Cancellation Fee (if applicable)	\$ _____	
NET REFUND	\$ _____	
Signed:		
_____	_____	_____
Date	Customer Signature (Optional)	Authorized Dealer Representative

New address and phone numbers, effective 2-1-08

Please place in envelope and mail with attachments to:

Portfolio Group:
Attn: Cancellation Dept
Portfolio Group
14651 Dallas Parkway
Suite 502
Dallas, TX 75254

For cancellation quotes or other questions,
please call us toll free:
(1-800-335-8769 Fax: 1-972-788-2029)