

First Extended Service Corporation 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

Please place in envelope and mail with attachments to:
FIRST EXTENDED SERVICE CORPORATION
 Attn: Cancellation Dept P. O. Box 804785
 Chicago, IL 60680-4109 **Or Overnight To:**
 Attn: Cancellation Dept
 175 West Jackson Blvd
 Chicago, IL 60604
 12th Floor

For cancellation quotes or other questions,
 please call us toll free:
(800) 527-3448