

## **CUSTOMER AGREEMENT CANCELLATION REQUEST**

Cancellation requests must be submitted by the Customer through the Selling Dealer, or if Customer cannot reach out to the Selling Dealer, then to the Program Administrator. Cancellation requests will be processed within 5-10 business days and sent to the Selling Dealer for completion. Please allow additional time for the Selling Dealer to process any additional paperwork. All refunds will be issued through the Selling Dealer. The Dealer will send the refund to the lending institution of record, if there is an active loan. If proof of loan pay-off or trade is provided, then the customer will receive the refund.

Customer Information					
Name	Phone Number		E-mail		
Street Address	City		State	ZI	IP
Check here if Customer's address	or telephone number has changed from	the Customer information liste	ed on the applicable p	roduct Agreement	
Dealer Information					
Name		Dealer Number			
Street Address	City		State ZIP		
Phone Number	E-I	mail	Check here if		ot the Selling Dealer
Vehicle Information					
VIN (Required)	Year Ma	ke Mode	el	Purchase Mileage/Current I	Mileage (Required)
Lienholder	Agreement/Addendum	n Purchase Date	Date Vehicle Tr	raded/Paid-Off/Repossesse	d
Which Product(s) Are You Rec	questing To Be Cancelled? (Ch	eck all that apply)			
Good Sam Guaranteed Asset Protect Good Sam Tire & Wheel Protection  Funds Remitted to Administr YES Check #  Check Date	Good Sam Winds	Emergency Notification (Cancella shield Replacement Protection (C Cancellation Request cancelled without a refund to I	ancellation only in the	event of Dealer Error)	
Reason For Cancellation (Che Dealer (For all Dealer-requested cancella Duplicate VIN1 Incorrect VIN1 1 Signed buyer's order for correct vehicle is 2 Documentation must be provided if cancellation.	Duplicate Submission  Dealer Issued in Error/Unwind required.	Customer (For all Custome Customer Does Not Wa Total Loss <sup>2</sup>	er-requested cancellation	Trade/Sold <sup>2</sup> Early Pay-Off/Termination	
Financial Institution Information			he lienholder.		
		Account Number			
Street Address	City		State	Z	IP
Cancellation Requested By De					
Dealer Printed Name	Title		Dealer Authoriz	ed Signature	Date
Cancellation Requested By Cu	ustomer:				
Customer First Name	Last Name		Customer Sign	ature	Date

## **Cancellation Policy**

If the Customer's retail installment sale contract is paid in full, provide a copy of the discharge of Lien and check the loan Early Pay-Off box. Otherwise, the Selling Dealer will issue the refund and check to the Lienholder/Financial Institution of record, as determined by the Selling Dealer. If the cancellation of the Agreement occurs as a result of a default under the finance agreement or the repossession of the covered vehicle, any refund due may be paid directly to the Lienholder. Please see the applicable Agreement for specific cancellations rules, including state-specific cancellation rules.

## Send This Form And All Supporting Documents To:

**Phone:** (800) 949-5715

Email Address: cancellations@sgintl.com

Mailing Address: Safe-Guard Products International, LLC, Cancellations Department, Two Concourse Parkway, Suite 500 Atlanta, GA 30328