



Cancellation Request Form

Today's Date		Dealership Name		
VSC Number		Dealer Address		
VIN	City	State	Zip	
Contract Holder Name				
Address				
City		State	Zip	Telephone
Leinholder		Lein Satisfied Yes No		

PLEASE INCLUDE A COPY OF YOUR SERVICE CONTRACT OR APPLICATION WITH THIS CANCELLATION REQUEST FORM.

Reason for Cancellation (Circle One)				
Sale Unwound	Repossession	Vehicle Totaled	Customer Request	Other
If Reason is Other Please Explain:				
VSC Term		VSC Mileage		
Cancellation Date		Cancellation Mileage		
Purchase Date		Purchase Mileage		
Days in Force	Percentage	Miles Used	Percentage	
Cancellation Factor	Purchase Price	Customer Refund Due		

Customer Signature: _____

Dealer Signature: _____

**FAX COMPLETED REQUEST TO: 508-771-1555 OR Mail to:
 Allow 4 to 6 Weeks for Processing of Cancellation.**

**Fast Lane VSC
 1550 Falmouth Road, Suite 4B
 Centerville, MA 02632**