

CANCELLATION REQUEST

Total Warranty Services
PO BOX 810187
Boca Raton, FL 33481

SECTION I (Must Be Filled Out Completely)

CONTRACT NUMBER	CONTRACT PERIOD	MONTHS	MILES
VIN:			VEHICLE YEAR

SECTION II (Must Be Filled Out Completely)

CUSTOMER CHARGE:	DATE CANCELED:	YR.	MO.	DAY
ODOMETER AT CANCELLATION:	CONTRACT DATE:	YR.	MO.	DAY
ODOMETER READING ON ISSUE DATE:	TIME ELAPSED:	YR.	MO.	DAY
MILES DRIVEN:	MONTHS ELAPSED:*			
UNUSED PERCENTAGE OF MILES FROM CANCELLATION FORMULA (SEE REVERSE SIDE):	UNUSED PERCENTAGE OF MONTHS FROM CANCELLATION FORMULA (SEE REVERSE SIDE):	%	%	
THE LOWER PERCENT OF MONTHS OR MILES.....% TIMES CUSTOMER CHARGE \$ = GROSS REFUND \$ CANCELLATION FEE* \$ CUSTOMER'S REFUND \$				
*See Customers Contract For Appropriate Cancellation Fee Amount.				

SECTION III (Must Be Filled Out Completely)

REASONS FOR TERMINATION <input type="checkbox"/> REPOSSESSION <input type="checkbox"/> OTHER (REQUIRES CONTRACT HOLDER TO SIGN REQUEST FOR CANCELLATION)		
I hereby request cancellation of this Contract checked above and further identified in the Contract. In consideration of such cancellation, I, do hereby release and forever discharge the Company from any and all liability with respect to the Contract so canceled and do further agree to hold harmless the Company from any and all claims, demands, actions and payments on account of the Contract so canceled, except for refund of premium.		
CUSTOMER NAME	DEALER NAME	DEALER NUMBER
CUSTOMER SIGNATURE	WITNESS SIGNATURE	DATE

CUSTOMER COPY

For more specific details, please refer to the 'Your Right to Cancel' section on the first page of your contract.

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