

Century Products REQUEST TO CANCEL

(Please Check _____ VSC

| Address all correspondence to: | Appropriate Box): GAP |
|--|---|
| Administrator: Century Automotive Service Corporation P.O. Box 3809 Albuquerque, NM 87190-3809 | TW KARR OTHER |
| CONTRACT AND CANCELLATION INFORMATION | Customer Request |
| | <u> </u> |
| Name of Customer | Another Party Request Agreement Number |
| Name of non-customer making request (if appropriate) | |
| Year and Make of Vehicle | VIN |
| Cancellation Date Requested | Date of this Request |
| Odometer Reading at Requested Cancellation Date | Is there a Lien Holder? Yes No |
| If yes, Name of Lien Holder | |
| Name of Dealership That Sold the Agreement | |
| CUSTOMER CANCELLATION REQUEST A Customer may terminate (cancel) a Service Contract for any re Customer's copy of the contract and a written notice of the custo form provides the required written notice. If there is a lien on the to the customer and the lien holder. A Cancellation fee will be ch Service Contract. | mer's desire to terminate the contract. This vehicle, the refund check will be made payable |
| Reason for Cancellation (Please Check Appropriate Box): | |
| Traded or Sold Vehicle | |
| Total loss of vehicle due to accident or the | ft |
| Other reason Customer's Signature | Date |
| NON-CUSTOMER CANCELLATION REQUEST Explain reason for request | |
| PAYEE INFORMATION Payee on any refund | |
| Non-customer signature | |
| Submit this form to the Contract Administrator named above | |

01-09

CS-CSP RTC