



ADMINISTRATIVE OFFICES
6010 Atlantic Boulevard
Atlanta, GA 30071-1303

CUSTOMER/DEALER SERVICES 800/458-7070
CLAIMS 800/538-4181
www.easycare.com

CANCELLATION REQUEST FORM

CONTRACT INFORMATION

Contract Holder Name	Contract #	V.I.N.
Email Address		

DEALER INFORMATION

Dealership Name		(DBA if used)	Dealer #
Phone #	Fax #	Dealer Contact	
Email Address			

CANCELLATION INFORMATION

Reason for Cancellation

Contract Cancellation Date	Odometer Reading At Time Of Cancellation	
Lienholder	Has Lienholder Been Paid In Full? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Address		
City	State	Zip Code

CANCELLATION PROCEDURES:

Please include the following required documentation and Contract Holder's signature with this form to complete cancellation.

- A Federal Odometer Statement or notarized affidavit verifying mileage at the time of request.
- If repossessed: Supply copy of repossession letter from lienholder.
- If totaled: Supply copy of insurance company's verification of loss or theft.
- If lien has been paid: Supply copy of discharge from lienholder.
- If unwind: Supply unwind letter on dealership letterhead.

Original Contract Holder's Signature _____ Date _____ Seller's Signature (Dealer's Authorized Representative's Signature) _____ Date _____

MAIL TO: EasyCare • P.O. Box 888050 • Atlanta, GA 30356-8050

FAX TO: 770/246-2442

ONLINE: www.apcodealeronline.com

Customer Service Information • 800/458-7070