

APPI DRIVER'S PLUS VSC - Cancellation Request

All information must be provided in order for us to process your cancellation request.

CONTRACT #: _____ TODAY'S DATE: _____

CUSTOMER: _____

CURRENT ADDRESS: _____

CITY / STATE / ZIP: _____

VEHICLE VIN: _____

VEHICLE YEAR: _____ MAKE: _____ MODEL: _____

CANCELLATION DATE: _____ CANCELLATION MILEAGE: _____

Attach notarized odometer statement indicating mileage of the vehicle at time of cancellation.

REASON FOR CANCELLATION: **CUSTOMER REQUEST** **VEHICLE SALE OR TRADE-IN**
 LENDER REQUEST (vehicle total loss or repossession. Attach copy of insurance report or repo letter.)

I understand that all refunds for cancellations will be determined by the provisions in the service contract issued to me. Refunds due will be paid by the seller of the service contract.

Customer Signature: _____ Date: _____

Authorized Signature of Sales Representative: _____

Contract Purchased From: _____

Mail to: APPI INC 17732 HIGHLAND RD STE G158 BATON ROUGE, LA 70810

119-7470-0401-00

WHITE - Administrator YELLOW - Seller PINK - Customer

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