

Cancellation Request

To Be Completed
 by Selling Dealer

Today's Date: _____

Selling Dealer Code No. _____

Contract No. _____

Selling Dealer _____

VIN _____

Address _____

Customer's Name _____

City, State, Zip _____

Lienholder Name _____
 (If paid in full please attach proof of payoff)

Selling Dealer Signature _____

*CANCELLATION DATE _____
 Month/Day/Year

Repossession
 Attach proof of repossession from lienholder

Total Loss
 Attach statement of total loss from insurance company or lienholder

Customer Request
 Obtain customer signature or attach signed customer correspondence

Other/Flat Cancel
 Explain below and attach documentation (Required for flat cancels outside guidelines)

Explanation (mandatory for flat cancellation) _____

CUSTOMER QUESTIONNAIRE

- Are you aware that if your PREFERRED TIRE CARE contract purchase price was included in your vehicle financing, any refunds will be returned to the lienholder? Yes No
- Are you aware that if your PREFERRED TIRE CARE contract was included in your vehicle financing, the refund to the lienholder will be deducted from the principal of your loan and may not lower your monthly payment? Yes No
- Are you aware that under the terms of your PREFERRED TIRE CARE contract, the refund may be calculated based upon the unused portion of your time remaining? Yes No
 (Refer to your contract Part I/II for details and if applicable, any state requirements.)
- Are you aware that under the terms of the PREFERRED TIRE CARE contract, there may be a fee for cancellation? Yes No
 (Refer to your contract Part I/II for details and, if applicable, any state requirements.)

I have read and fully understand that the cancellation will be processed as outlined above and the PREFERRED TIRE CARE contract will no longer provide any benefits after the cancellation date. (Please allow 30 days from today's date to process cancellation.)

All requests **MUST be received by CNA National Warranty Corporation or CNA National Warranty Corporation - Florida within 30 days of the cancellation date indicated above. The lienholder will be listed as an additional payee unless proof of loan payoff is submitted.*

Customer Signature

Date

CNA National Warranty Corporation • P.O. Box 2840 • Scottsdale, Arizona 85252-2840

800-345-0191, extension 412

Issued in Florida by CNA National Warranty Corporation - Florida, License 60098

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