

CANCELLATION REQUEST/QUOTE FORM



<input type="checkbox"/> CANCEL
<input type="checkbox"/> QUOTE
<input type="checkbox"/> QUOTE & CANCEL

EFG Companies
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CUSTOMER INFORMATION

Customer #: _____	Original Purchase Date:
VIN #: _____	
Customer Name: _____	Cancellation Date:
Address: _____	
City: _____ State: _____ Zip: _____	
Customer Signature: _____	

PRODUCTS
Product Name: _____
Contract #: _____
Customer Refund: \$ _____
Dealer Refund: \$ _____
Cancel Percentage: % _____

REASON FOR CANCELLATION (Please check one)

- | | |
|---|---|
| <input type="checkbox"/> Customer Request | <input type="checkbox"/> Traded-Sold (Attach Lein Holder paid letter) |
| <input type="checkbox"/> Total Loss: <u>PAYOFF NOTICE MUST BE INCLUDED</u> | <input type="checkbox"/> Backout/Unwind |
| <input type="checkbox"/> Repo (Attach Repo Notice) | <input type="checkbox"/> Flat Cancel (within 30 days) |
| <input type="checkbox"/> Customer Req/Downpayment | <input type="checkbox"/> Other: _____ |

Dealer Name: _____ Dealer Account #: _____

Dealer Representative Signature: _____

Date: _____