

CANCELLATION REQUEST/QUOTE FORM



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

EFG Companies
 PO Box 167667
 Irving, Texas 75016-7667
 Ph: (800) 527-1984 ext.8703
 Fx: (972) 445-8386

CUSTOMER INFORMATION				
Customer #: _____	<table border="1"> <tr> <td>Original Purchase Date:</td> </tr> <tr> <td>Cancellation Date:</td> </tr> <tr> <td>Cancellation Miles:</td> </tr> </table>	Original Purchase Date:	Cancellation Date:	Cancellation Miles:
Original Purchase Date:				
Cancellation Date:				
Cancellation Miles:				
VIN #: _____				
Customer Name: _____				
Address: _____				
City: _____ State: _____ Zip: _____				
Customer Signature: _____				

CHECK THE BOX FOR EACH PRODUCT TO BE CANCELED

<input type="checkbox"/> MOTORCYCLE
VSC Contract #: _____
Customer Refund: \$ _____
Dealer Refund: \$ _____
Cancel Percentage: % _____

<input type="checkbox"/> GAP
GAP Contract #: _____
Customer Refund: \$ _____
Dealer Refund: \$ _____
Cancel Percentage: % _____

<input type="checkbox"/> TIRE & WHEEL
Contract #: _____
Customer Refund: \$ _____
Dealer Refund: \$ _____
Cancel Percentage: % _____

<input type="checkbox"/> OTHER 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: _____