

WISECARE CANCELLATION REQUEST FORM

Please complete ALL sections of this form and submit it along with a copy of the WiseCARE contract.

(Please PRINT)

SECTION A – DEALER INFORMATION**SECTION B – CUSTOMER/BORROWER INFORMATION**

DEALER NAME	LAST NAME
ADDRESS	FIRST NAME
CITY STATE ZIP	ADDRESS
CONTACT NAME (REQUIRED)	CITY STATE ZIP
PHONE FAX	CUSTOMER PHONE NUMBER

SECTION C – FINANCIAL INSTITUTION INFORMATION**SECTION D – VEHICLE/ADDENDUM INFORMATION**

FINANCIAL INSTITUTION NAME	CONTRACT NUMBER – INCLUDING LETTERS (REQUIRED)
ADDRESS	CONTRACT EFFECTIVE DATE CANCEL DATE
CITY STATE ZIP	CUSTOMER CONTRACT COST CONTRACT TERM
CONTACT	YEAR MAKE MODEL
PHONE FAX	VEHICLE IDENTIFICATION NUMBER – INCLUDING LETTERS _____

SECTION E – REASON FOR CANCELLATION (Please check one)

To process this cancellation request, the following supporting documentation is required:

CUSTOMER REQUEST - Cancel form or cancellation letter with signature of contract holder

PAY OFF - Proof of payoff from lienholder on contract

REFINANCE - Proof of refinance with new lien holder and proof of payoff from lienholder on contract

REPOSSESSION - Repossession letter from lienholder on contract

TRADE - Odometer statement or signed cancellation form

DEAL UNWIND - Proof of unwound deal

TOTAL LOSS - Cancel form with signature of contract holder

SECTION F – SIGNATURES

I hereby request cancellation of the WiseCARE contract. In consideration of this cancellation, I do hereby release and forever discharge the Dealer/Creditor and I agree to hold the Financial Institution/Lender and Dealer/Creditor harmless from any and all claims, demands, action and payment on this Addendum, except for partial refund of the charge.

CUSTOMER SIGNATURE (If required, see Section E above) DATE

DEALERSHIP PERSONNEL SIGNATURE PRINT NAME

Return signed document to:

ATTN: WiseCARE Cancellation Dept.

Vehicle Services Administrator LLC, 1670 Fenpark Drive, Fenton, MO 63026

Phone: 888-205-0200 Fax: 636-600-4426 Email: Cancellations@WiseFandl.com