

**GAP CANCELLATION REQUEST FORM: If You chose to cancel this Addendum, You must request a refund/credit from the Dealer/Creditor, in writing.**

**Dealer/Creditor, return document to:** American Guardian Warranty Services, Inc. located at P.O. Box 768, Warrenville, IL 60555. Attention: Cancellation Department. Phone: 800-579-2233. Fax: 630-534-7030. *Please complete ALL sections of this form and submit along with a copy of the Guaranteed Asset Protection (GAP) Addendum.*

**CANCELLATION: YOU HAVE THE UNCONDITIONAL RIGHT TO CANCEL GAP FOR A FULL REFUND/CREDIT WITHIN THIRTY (30) DAYS AFTER IT IS PURCHASED PROVIDED YOUR COLLATERAL HAS NOT SUFFERED A TOTAL LOSS, AND YOU COMPLETED AND RETURNED THIS FORM OR OTHER WRITTEN NOTICE OF CANCELLATION TO THE ABOVE ADDRESS POSTMARKED NO LATER THAN THIRTY (30) DAYS AFTER THE GAP WAS PURCHASED. IF YOU DO NOT RECEIVE THE REFUND/CREDIT WITHIN SIXTY (60) DAYS OF NOTICE OF CANCELLATION/TERMINATION, CONTACT THE GAP ADMINISTRATOR, AMERICAN GUARDIAN WARRANTY SERVICES, INC. LOCATED AT P.O. BOX 768, WARRENVILLE, IL 60555; 800-579-2233.**

**SECTION A: DEALER INFORMATION (Please PRINT)**

Account Name \_\_\_\_\_ Today's Date (mm/dd/yyyy) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**SECTION B: CUSTOMER INFORMATION (Please PRINT)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Customer Contact Number \_\_\_\_\_ GAP Addendum Number \_\_\_\_\_  
VIN Number (Last 6 Digits) \_\_\_\_\_

**SECTION C: REASON FOR CANCELLATION (Please check one)**

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

- Customer Request – attach correspondence Date Received by Dealer \_\_\_\_\_
- Repossession – attach proof of repossession from lienholder Repossession Date \_\_\_\_\_
- Other, please explain \_\_\_\_\_ Other Date \_\_\_\_\_  
**(Please include any supporting documentation)**

**SECTION D: SIGNATURES**

Dealership Personnel Signature (required) \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

Print Name \_\_\_\_\_

Customer Signature (if required, see Section C above) \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

Print Name \_\_\_\_\_