

**Powerguard Motorcycle
GUARANTEED AUTO PROTECTION**

CANCELLATION REQUEST FORM

Today's Date: _____

Cancellation Date: _____

Dealership Name: _____

Dealership Address: _____

Dealership Contact: _____

Phone Number: _____ **FAX NUMBER *** _____

Customer Name: _____

Customer Address: _____

Vehicle; Year, Make & Model: _____

Purchase Date: _____ GAP Purchase Price: _____

Lease Loan Lienholder: _____

Reason for Cancellation: _____

**TO ENSURE PROMPT PROCESSING PLEASE INCLUDE LEGIBLE COPIES OF THE FOLLOWING AND
FORWARD TO:**

Program Administrator, P.O. Box 906, Frazer, PA 19355, Phone (800) 479-7702 Fax (610) 363-7504

- Written request for cancellation, signed and dated by the customer or representative from dealership or lienholder.
- Complete copy of original GAP contract.

Signature

PLEASE CHECK ONE: CUSTOMER
DEALERSHIP
LIENHOLDER

Please Note - Cancellations requested after the first 30 days of purchase are subject to a \$50.00 cancellation fee and will be refunded by the Rule of 78's unless stated otherwise on original GAP waiver.