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CertifiedPLUS

CANCELLATION FORM

DEALER NAME		BORROWER NAME		
STREET ADDRESS		STREET ADDRESS		
CITY/STATE/ZIP		CITY/STATE/ZIP		
DEALER CONTACT INFO		RETAIL COST FOR CONTRACT		
PHONE	FAX	\$		
LENDING INSTITUTION NAME		REASON FOR CANCELLATION		
STREET ADDRESS		WAIVER EFFECTIVE DATE		
		MONTH	DAY	YEAR
CITY/STATE/ZIP		CANCELLATION EFFECTIVE DATE		
		MONTH	DAY	YEAR

VEHICLE DESCRIPTION

YEAR	MAKE	MODEL	VEHICLE ID NUMBER
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REQUEST FOR CANCELLATION

I hereby request cancellation of the CertifiedPLUS Program. In consideration of this cancellation, I do hereby release and forever discharge CertifiedPLUS and the Lender/Dealer and I agree to hold CertifiedPLUS, the Lender/Lessor and Dealer harmless from any and all claims, demands, action and payment on this waiver, except for any partial refund of the charge.

*I understand that an original of the CertifiedPLUS Agreement or a Letter from the Lienholder **MUST ACCOMPANY** this cancellation form, in order to process the cancellation.*

BORROWER'S SIGNATURE _____ **DATE** _____

Administrator:

CertifiedPLUS Administrative Offices
9433 Bee Cave Rd.
Building II, Suite 102
Austin, Texas 78733
Office Phone 512-608-9151 Fax 512-608-9155