

CANCELLATION FORM



P.O. Box 3988
Greenwood Village, CO 80155
FAX: 303.785.7067

CONTRACT NUMBER

Email: Cancellations@UnitedCarCare.com

VEHICLE IDENTIFICATION NUMBER AND ODOMETER VERIFICATION

Completion of this part requires a physical inspection of the vehicle by the owner

This is to certify that I, the undersigned, am the lawful owner of the motor vehicle described on this form and that I have, on the date entered below, made a physical inspection of the motor vehicle and have verified the vehicle identification number and recorded the odometer reading in the spaces provided on this form.

VEHICLE IDENTIFICATION NUMBER

I/WE STATE THAT THE ODOMETER NOW READS

(DO NOT INCLUDE TENTHS)

REASON FOR CANCELLATION REQUEST:

- Totaled (attach insurance company's verification including mileage and date of loss)
- Repossessed (attach repossession papers including mileage and date of repossession)
- Trade-In
- Customer Request Other _____

Note: If the vehicle has not been paid-off any refund will go to the lender, otherwise attach the discharge letter from the lienholder

I/WE HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ODOMETER READING:

1. reflects ACTUAL MILEAGE
2. is IN EXCESS OF ITS MECHANICAL LIMITS
3. is NOT THE ACTUAL MILEAGE

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

(Cancellation Date)

(Today's Date)

(Owner's Printed Name)

(Signature)

(Selling Dealership)

(Dealer Rep printed Name)