



TRANSFER FORM

ISSUING DEALER		DEALER NUMBER	
ORIGINAL CONTRACT HOLDER'S NAME		PHONE NUMBER	
STREET ADDRESS			
CITY		STATE	ZIP
CONTRACT NUMBER	PURCHASE DATE	YEAR/MAKE/MODEL	VIN NUMBER

TRANSFER INFORMATION

(SEE CONTRACT FOR TERMS AND CONDITIONS)

**ORIGINAL CONTRACT HOLDER MUST CONTACT UNITED CAR CARE
TO BEGIN TRANSFER PROCESS AND SUBMIT THE FOLLOWING:**

1. This form with the Transfer Information Section completed.
2. Maintenance receipts verifying that all maintenance requirements have been met.
3. Documentation evidencing change in ownership **and** mileage at date of sale.
4. The Transfer Processing Fee, paid by Cashier's Check or Money Order. Call for further details.
5. Paperwork must be received within fifteen (15) days of the date of sale, or transfer may be refused.

TRANSFeree'S NAME (NEW CONTRACT HOLDER)		PHONE NUMBER	
STREET ADDRESS			
CITY		STATE	ZIP

ORIGINAL CONTRACT HOLDER SIGNATURE

Date

TRANSFeree SIGNATURE

UNITED CAR CARE, INC.
PO BOX 3988 · GREENWOOD VILLAGE, CO. 80155-3988
PHONE: (303) 306-0502 · FAX: (303) 785-7067 · TOLL-FREE: (800) 571-6412