



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 completed.
2. Maintenance receipts verifying that all manufacturer's maintenance requirements have been met.
3. Notarized Bill of Sale with vehicle's 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.

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