

CANCELLATION REQUEST

Today's Date	
CHECK ALL THAT APPLY:WarrantyMainten	anceTripleCareCredit Life GAP*
I hereby wish to cancel the above marked products on the follo	wing listed vehicle that is owned by the undersigned.
Cancel Date	Purchase date (Month & Year)
Year, Make, Model of vehicle	Current Mileage
Vehicle Identification Number	
Location of Purchase:Bill Knight Ford – Tulsa	
Lienholder on vehicle(Name) (If paid off, please provid	le confirmation)
(Address)	
(Account Number or Social Secur	ity Number)
	Il totally VOID all protection provided by the GAP addendum for the ny of the parties named in the GAP addendum in the event of a future total
Upon payment of the cancellation, I hereby release and forever disch demands, and actions which I now have or may hereafter acquire in c	arge Knight Automotive Group and its employees from any and all claims, connection with this cancellation.
	ovide lien release or proof of payoff to lien holder. Proceeds will be f your loan is not paid in full all cancellation proceeds will be forwarded
Reason For CancellationCustomer Request (provid Stolen Vehicle (Attach po Repossession (Attach rep Totaled/Wrecked (Attach Trade-in (MUST attach o	o papers) letter from insurance)
Customer Name	Office Use Only
Address	Finance Representative
City, State, Zip	Down payment on trade (must have quote attached)
Daytime phone #	
Signature Failure to have this form COMPLETED with required docume will delay any refunds.	New Deal #Stock