

GAP CANCELLATION REQUEST FORM

Please complete ALL sections of this form and submit along with a copy of the Guaranteed Asset Protection (GAP) Addendum.

(Please PRINT)

SECTION A – DEALER INFORMATION

DEALER NAME		
ADDRESS		
CITY	STATE	ZIP
CONTACT NAME (REQUIRED)		
PHONE	FAX	

SECTION B – CUSTOMER/BORROWER INFORMATION

LAST NAME		
FIRST NAME		
ADDRESS		
CITY	STATE	ZIP
CUSTOMER PHONE NUMBER		

SECTION C – FINANCIAL INSTITUTION INFORMATION

FINANCIAL INSTITUTION NAME		
ADDRESS		
CITY	STATE	ZIP
CONTACT		
PHONE	FAX	

SECTION D – VEHICLE/ADDENDUM INFORMATION

GAP ADDENDUM NUMBER – INCLUDING LETTERS		
ADDENDUM EFFECTIVE DATE		CANCEL DATE
CUSTOMER ADDENDUM COST	ADDENDUM TERM	MILEAGE
YEAR	MAKE	MODEL
VEHICLE IDENTIFICATION NUMBER – INCLUDING LETTERS		

SECTION E – REASON FOR CANCELLATION (Please check one)

To process this cancellation request, the following supporting documentation is required:

- CUSTOMER REQUEST - Attach correspondence or customer signature below
- PAY OFF - Attach proof of pay off from lienholder
- REPOSSESSION - Attach proof of repossession from lienholder
- TRADE - Attach odometer statement or customer signature below
- REFINANCE - Attach refinance documents
- DEAL UNWIND - Attach supporting documents
- OTHER - please explain _____

(Please include any supporting documentation)

SECTION F – SIGNATURES

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

CUSTOMER SIGNATURE (If required, see Section E above)

DATE

DEALERSHIP PERSONNEL SIGNATURE

PRINT NAME

Return signed document to:

Attn: GAP Cancellation Dept.

Financial Gap Administrator LLC, 1670 Fenpark Drive, Fenton, MO 63026

Phone: (888) 427-2037 Fax: (636) 600-4426 Email: Cancellations@WiseFandl.com