



PREMIER
DEALER SERVICES™

PMP TRANSFER/CANCELLATION REQUEST FORM

1 VEHICLE AND CONTRACT INFORMATION					
<input type="checkbox"/> TRANSFER		CONTRACT NUMBER		TRANSFER/CANCELLATION DATE	
<input type="checkbox"/> CANCELLATION					
YEAR	MAKE	MODEL	VIN	CURRENT MILEAGE	MILEAGE ON CONTRACT PURCHASE DATE
2 CONSUMER/TRANSFEROR INFORMATION					
ORIGINAL CONSUMER NAME				TELEPHONE	
ADDRESS					
CITY			STATE	ZIP	
CONSUMER SIGNATURE X _____					DATE
3 TRANSFEREE INFORMATION (IF APPLICABLE)					
NAME				TELEPHONE	
ADDRESS					
CITY			STATE	ZIP	
TRANSFEREE SIGNATURE X _____					DATE
4 DEALER INFORMATION					
DEALER NAME				TELEPHONE	
ADDRESS					
CITY			STATE	ZIP	
CONTACT NAME				TITLE	
DEALER AUTHORIZED SIGNATURE X _____					DATE
5 LIENHOLDER INFORMATION					
LIENHOLDER NAME				TELEPHONE	
ADDRESS					
CITY			STATE	ZIP	
CONTACT NAME				TITLE	
LIENHOLDER AUTHORIZED SIGNATURE X _____					DATE
IMPORTANT INFORMATION REGARDING TRANSFER AND CANCELLATION					
Attention Transferee: Coverage will not be effective until the Administrator confirms approval of the transfer in writing.			Attention Dealer: You must attach this completed form to the remittance report showing the contract which is being cancelled.		
Attention Transferor: All provisions of the "Transfer" section of the contract must be complied with in order to effect transfer. Copies of all requested materials and a check for \$50.00 made payable to <i>Premier Dealer Services, Inc.</i> must be attached to this form and sent to the address of the Administrator as shown below.					

ADMINISTRATOR: PREMIER DEALER SERVICES, INC.
MAILING ADDRESS: P.O. BOX 23880 • SAN DIEGO, CA • 92193-3880
PHONE: 800-886-8176 FAX: 858-292-1647