



3626 GRANT LINE RD, SUITE 207, NEW ALBANY, IN 47150 PH: 941-739-0044

CANCELLATION REQUEST FORM

Contract Holder Name: _____ Contract #: _____

Last Six of VIN _____

Address: _____

Effective Date of Cancellation: _____ Effective Date of Contract: _____

PRODUCT: T&W MPP Windshield Key Replacement UPP+ GAP Other

Reason for Cancellation: _____

PRINT Dealership Name: _____

Phone Number: _____ Fax Number: _____

Email Address: _____ (of person completing this form)

Address: _____

City: _____ State: _____ Zip Code: _____

Customer Signature: _____ Date: _____

Dealership Signature: _____ Date: _____

Printed Name of Person Completing this Form: _____

CANCELLATION MUST BE RECEIVED BY MAG WITHIN 15 DAYS OF THE CANCELLATION DATE OR CANCELLATION DATE WILL BE THE DATE RECEIVED.

Email (preferred) or fax this form and a COPY OF THE CUSTOMERS POLICY to:

Email: cancellations@maximusautogroup.com

Fax: (941) 538-3026 or (866) 624-2095