

# First Extended Service Corporation CUSTOMER CANCELLATION FORM

DEALERSHIP NAME		DEALER NUMBER
ADDRESS		
CITY	STATE	ZIP
CUSTOMER NAME		TELEPHONE NUMBER
ADDRESS		
CITY	STATE	ZIP
AGREEMENT NUMBER	VEHICLE IDENTIFICATION NUMBER (LAST 8 DIGITS)	
YEAR/MAKE MODEL	ORIGINAL IN-SERVICE DATE	
EFFECTIVE DATE OF CANCELLATION	MILEAGE AT DATE OF CANCELLATION	

<b>REFUND TO:</b>		
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> CUSTOMER	<input type="checkbox"/> LIENHOLDER AND CUSTOMER
Has refund been issued?      [ ] Yes [ ] No		
Retail Price	\$ _____	
Refund Amount	\$ _____	
Cancellation Fee (if applicable)	\$ _____	
<b>NET REFUND</b>	\$ _____	
Signed:		
_____	_____	_____
Date	Customer Signature (Optional)	Authorized Dealer Representative

Please place in envelope and mail with attachments to:  
**FIRST EXTENDED SERVICE CORPORATION**  
 Attn: Cancellation Dept  
 P. O. Box 804785  
 Chicago, IL 60680-4109

**Or Overnight To:**  
 Attn: Cancellation Dept  
 175 West Jackson Blvd  
 Chicago, IL 60604  
 12<sup>th</sup> Floor

For cancellation quotes or other questions,  
 please call us toll free:  
**(800) 527-3448**