



Express Autogap

Customer Waiver Cancellation Request

Please complete the following and mail or fax to our office (949) 727-0393 for cancellation of the Autogap.

Express Autogap Number	Date of Sale
Customer Name	Dealership
Address	Address
City State Zip	City State Zip
Year Make Model	VIN
Cancel Effective: / / <small>(for unwind/flat canx use sale date)</small>	Lender/Lessor
Installment Sale Contract/Loan Lease	Term (Months) Lender/Lessor Address

Reason for Cancellation: (please check one)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Unwind / Flat Cancel | <input type="checkbox"/> Traded |
| <input type="checkbox"/> Repossession | <input type="checkbox"/> Paid Off |
| <input type="checkbox"/> Customer Request | <input type="checkbox"/> Other: _____ |

The GAP waiver is non-cancellable after a total loss. Cancellations are processed according to the terms on the contract.

Please attach a copy of the front and the back of the customer waiver with this request.

Request submitted by:

Dealership/Lender/Lessor

Consumer(s)

By Date

Consumer Signature Date

Title

Co-Consumer Signature Date

Express Autogap Executive Offices, 11 Vanderbilt, Irvine, CA 92618; Telephone (800) 705-4001; Fax (949) 727-0393