



Mail To: Allied Solutions  
PO Box 5131  
Lake Forest, CA 92609  
Fax #: 800-447-9209

**CANCELLATION REQUEST**  
Complete all blanks. Please Print.

Lender \_\_\_\_\_ Today's Date \_\_\_\_\_

Agreement Number \_\_\_\_\_ Ending Odometer Miles \_\_\_\_\_

Vehicle Information \_\_\_\_\_  
Year Make Model VIN

Member Name \_\_\_\_\_ Member Account Number \_\_\_\_\_

Member Address \_\_\_\_\_

Member City/State/Zip \_\_\_\_\_

Contract Effective Date \_\_\_\_\_ Cancellation Date \_\_\_\_\_

Reason for Cancellation: \_\_\_\_\_ Customer Request \_\_\_\_\_ Vehicle sale or trade-in  
\_\_\_\_\_ Lender Request Please check one.  Total Loss  Repossession

Was Contract Financed?  Yes  No If yes, has lien been satisfied?  Yes  No

I understand that all refunds for cancellations will be determined by the provisions in the contract originally issued to me. Refunds due will be paid by the dealer or issuer.

Date \_\_\_\_\_ Member Signature \_\_\_\_\_

Agency Representative: Allied Solutions

Form Completed By: \_\_\_\_\_