

GAP Cancellation Request Form

Allstate
P.O. Box 660960
Miami Springs, FL 33266-0960

305.885.4216 - Telephone
800.741.4216 - Telephone
305.889.5849 - Fax

ATTN: GAP CANCELLATIONS DEPARTMENT

By this letter we are requesting cancellation on the following GAP waiver:

Today's Date: ____/____/____

DEALERSHIP INFORMATION

Copy of waiver must be sent with request

Name	
Address	
City, State Zip	
Telephone	

Dealership Personnel - Signature

Print Name

CUSTOMER INFORMATION

Last Name, First Name	
GAP Waiver Number	

Customer Signature

Cancellation Date: * ____/____/____

REASON FOR CANCELLATION

Repossession - Attach proof of repossession from lienholder. Customer Request - Obtain customer signature and attach customer correspondence.

Other - Please Explain:

* American Heritage Services must receive all requests within sixty (60) days of the cancellation date indicated above.

FP7209

