



# CANCELLATION REQUEST

*ORIGINAL MUST BE RETURNED FOR PROCESSING*

Year	Make	Model	Vehicle Identification Number	Mileage at Issue	Mileage Today
Contract Number		Issue Date		Cancellation Date	Contract Date
Dealer Name			Contract Holder		
Address			Address		
City, State, Zip			City, State, Zip		
Reason for Cancellation			Home Phone #	Business Phone #	
Lienholder			Loan Number		
Address			City, State, Zip		

**You must enclose a Federal Odometer Statement or Notarized Affidavit verifying mileage at the time of request.**

**Send To:** National Auto Care Corporation  
 Attention: Cancellation Department  
 101 Green Meadows Drive South  
 Westerville, Ohio 43081

**Fax To:** (614) 438-7423

Contract Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Issuing Dealer \_\_\_\_\_ Date \_\_\_\_\_