

CANCELLATION REQUEST FORM

Member's Name: _____ Contract #: _____

Address: _____ Eff. Date of Contract: _____

_____ Eff. Date of Cancellation: _____

Reason for Cancellation: _____

Name of Dealership: _____ Producer Code: _____

Address of Dealership: _____ Ph. #: _____

City: _____ State: _____ ZIP Code: _____

Member Signature _____ Date _____

Agent Signature _____ Date _____

Please fax or mail this form to us:

Independent Dealer Group (IDG)

P.O. Box 802

Mahwah, NJ 07430

Phone: (800) 242-7316

Fax: (201) 961-9089