

WISECARE CANCELLATION REQUEST FORM

Please complete ALL sections of this form and submit it along with a copy of the WiseCARE contract.

(Please PRINT)	LED INCODMATION	CECTION B. CHICTOMED/DODDOM/ED INCODMA	TION
DEALER NAME	LER INFORMATION	SECTION B – CUSTOMER/BORROWER INFORMAT	HON
ADDRESS		FIRST NAME	
CITY	STATE ZIP	ADDRESS	
CONTACT NAME (REC	QUIRED)	CITY STATE ZIP	
PHONE	FAX	CUSTOMER PHONE NUMBER	
SECTION C - FINA	NCIAL INSTITUTION INFORMATI	ON SECTION D – VEHICLE/ADDENDUM INFORMATION	N
FINANCIAL INSTITUTION	ON NAME	CONTRACT NUMBER – INCLUDING LETTERS (REQUIRED)	
ADDRESS		CONTRACT EFFECTIVE DATE CANCEL DATE	=
CITY	STATE ZIP	CUSTOMER CONTRACT COST CONTRACT TI	ERM
CONTACT		YEAR MAKE MODEL	
PHONE	FAX	VEHICLE IDENTIFICATION NUMBER – INCLUDING LETTERS	
	SON FOR CANCELLATION (Pleas		
	llation request, the following supporting	•	
CUSTOMER REQU	EST - Cancel form or cancellation letter with	signature of contract holder	
PAY OFF - Proof of p	payoff from lienholder on contract		
REFINANCE - Proof	of refinance with new lien holder and proof	of payoff from lienholder on contract	
REPOSSESSION - I	Repossession letter from lienholder on contr	act	
☐ TRADE/SOLD/RETU	JRNED - Odometer statement or cancellation	n form with signature of contract holder	
RE-CONTRACT/FRA	AUD/LOAN NOT FUNDED - Proof of re-cont	ract/fraud/loan not funded	
☐ TOTAL LOSS - Cand	el form with signature of contract holder		
SECTION F - SIGN	IATURES		
		In consideration of this cancellation, I do hereby release and foreve	
		ancial Institution/Lender and Dealer/Creditor harmless from any an , except for partial refund of the charge.	id all
ч			
CUSTOMER SIGNA	ATURE (If required, see Section E above)	DATE	
DEALERSHIP PERSONNEL SIGNATURE		PRINT NAME	
DEALERONIF PER	SONNEL SIGNALUNE	LI HINT TACAMIC	

Return signed document to:

ATTN: WiseCARE Cancellation Dept.

Vehicle Services Administrator LLC, 1670 Fenpark Drive, Fenton, MO 63026 Phone: 888-205-0200 Fax: 636-600-4426 Email: cancellations@wisefandi.com