

# CLASSICTRAK

## Coverage Cancellation Form

I wish to cancel my CLASSICTRAK contract and have my unearned portion of my cost refunded to me. I understand this refund will be calculated per the terms of my CLASSICTRAK contract and that you will credit the principal balance of my loan if my loan is unpaid and will refund directly to me if the loan is paid in full. Copies of my CLASSICTRAK contract and INSTALLMENT AGREEMENT are attached.

I further understand and accept that this cancellation will totally VOID all protection provided by the CLASSICTRAK contract for the entire term of the loan and I will have no recourse or claim against The Company or the originating dealer in the event of a total loss or unrecovered theft to my vehicle.

_____ Buyer/Lessee Name	_____ Dealer/Lessor Name	_____ Full VIN #
_____ Buyer/Lessee Signature	_____ Dealer/Lessor Signature	_____ Cancellation Date

Reason for Cancellation:  Unwind  Repo  Customer Request  Loan Termination  Total Loss

The following forms **MUST** be provided, Please check all that are included :

Cancellation Form  Classictrak contract  Customer Signature, Repo Letter, Payoff Letter, or Odometer

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### DEALERSHIP CANCELLATION WORK SECTION

MO. DAY YR.

CANCELLATION DATE _____ / _____ / _____	ORIGINAL CHARGE \$ _____
PURCHASE DATE _____ / _____ / _____	REFUND FACTOR _____ %
MONTHS ELAPSED: _____ ORIGINAL TERM: _____	GROSS REFUND \$ _____
MONTHS REMAINING _____	CANCELLATION FEE: \$ _____
	NET REFUND \$ _____

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### COMPANY WORK SECTION – DO NOT USE

CK = _____	Administrator _____
_____	PR# / Scanning Date _____

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**DO NOT** DEDUCT CANCELLATIONS FROM YOUR REMITTANCE.

Please submit all required cancellation paperwork: cancellation form, Classictrak contract, and any backup information for reason of cancellation to our office **within 90 days** of cancellation.

**CLASSIC**  
**106 STATE STREET EAST**  
**OLDSMAR, FL. 34677**  
**PHONE (813) 855-8300 FAX (813) 749-8531**