



CANCELLATION REQUEST FORM

Please select the program you wish to cancel.

- Paintless Dent Repair (PDR)
- Key/Remote Replacement

Windshield

SERVICE CONTRACT #: _____

APPLICATION DATE: _____

CUSTOMER NAME: _____

CUSTOMER ADDRESS: _____

SERVICE CONTRACT TERM: _____

CANCELLATION DATE: _____

Reason for cancellation:

Dealer Information:

DEALER NAME: _____

DEALER ADDRESS: _____

DEALER CONTACT: _____

DEALER PHONE#: _____

Customer: Please return to your selling dealership with this form.

DEALER: PLEASE EMAIL, MAIL, OR FAX THIS COMPLETED FORM, A COMPLETE COPY OF THE FRONT AND BACK OF THE CUSTOMER'S CONTRACT, AND A COPY OF THE CUSTOMER'S VEHICLE REGISTRATION TO:

ECP, Inc ♦ 11210 Katherine's Crossing, Suite 100 ♦ Woodridge, IL
60517 FAX: 800.409.5195 | Email: cancellations@ecpinc.net