



# Extended Service Agreement CUSTOMER CANCELLATION FORM

DEALERSHIP NAME		DEALER NUMBER	
ADDRESS			
CITY	STATE	ZIP	
CUSTOMER NAME		TELEPHONE NUMBER	
ADDRESS			
CITY	STATE	ZIP	
AGREEMENT NUMBER		VEHICLE IDENTIFICATION NUMBER (LAST 8 DIGITS)	
YEAR/MAKE MODEL		ORIGINAL IN-SERVICE DATE	
EFFECTIVE DATE OF CANCELLATION		MILEAGE AT DATE OF CANCELLATION	

**REFUND TO:**

LIENHOLDER       CUSTOMER       LIENHOLDER AND CUSTOMER

Has refund been issued?      [ ] Yes [ ] No

Retail Price	\$ _____
Refund Amount	\$ _____
Cancellation Fee (if applicable)	\$ _____
<b>NET REFUND</b>	\$ _____

Signed:

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Date      Customer Signature (Optional)      Authorized Dealer Representative

Please place in envelope and mail with attachments to:

**Portfolio Group**  
Attn: Cancellation Dept  
14651 Dallas Parkway  
Suite 502  
Dallas, TX 75254

For cancellation quotes or other questions,  
please call us toll free:  
**(800) 335-8769**