



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)

\$ _____

NET REFUND

\$ _____

Signed:

Date_____
Customer Signature (Optional)_____
Authorized Dealer Representative

For cancellation quotes or other questions,
please call us toll free:

(800) 335-8769

Please place in envelope and mail with attachments to:

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