

Dealer Request for Action



Please complete the required section(s) applicable to your request. **PLEASE PRINT.** Requests must be processed by the original selling dealership ONLY, unless that dealership has terminated or a transfer of coverage is being requested. If submitting to ESP Headquarters for processing, include the Application for Contract and any other documentation necessary for the request and **fax to (313) 390-3817.**

SECTION A	
CONTRACT INFORMATION	THIS SECTION MUST BE COMPLETED FOR ALL REQUESTS
Vehicle Identification Number (VIN): <input style="width: 100%; height: 20px;" type="text"/>	
(17 digits)	
Installment Payment Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contract Holder Name: _____ ZIP Code: _____	
(Last)	(First)
(M.I.)	

SECTION B	
DEALER INFORMATION	THIS SECTION MUST BE COMPLETED FOR REVIEW
Dealership Name _____	Dealership Phone Number _____
(PRINT) Dealership Contact Name _____	Dealership Fax Number _____
Dealership Contact Signature _____	Date _____
	P&A Code <input style="width: 40px; height: 20px;" type="text"/>

SECTION C	
CONTRACT CHANGES/CORRECTIONS	<i>Note: Refer to the Administration/Registration section of the Administration Manual for supporting document requirements.</i>
<input type="checkbox"/> Name/Address Correction: _____	
Name _____	
Address _____	
<input type="checkbox"/> VIN Correction	<input style="width: 100%; height: 20px;" type="text"/> Old – Incorrect Vin <input style="width: 100%; height: 20px;" type="text"/> New – Correct Vin
<input type="checkbox"/> Start Mileage Correction: From: _____ To: _____	
<input type="checkbox"/> Signature Date Correction From: _____ To: _____	
<input type="checkbox"/> Contract Registration Correction <input type="checkbox"/> Coverage Change (up-/downgrade)	
From: _____ Plan Time Distance/Hours To: _____ Plan Time Distance/Hours	
Current Vehicle Mileage/Hours: _____ New Contract Purchase Price: _____ Deductible/Option _____	
(Hour Conversion: 1 Hour = 25 Miles) (Excluding tax)	

Quality Fleet Care Only	
<i>Change name and address to whom the QFC repairs should be billed.</i>	
Fleet Code: _____ Fleet Branch: _____	
Name: _____	Change Maximum Repair Dollar Authorized per Repair Visit to:
Address: _____	\$ _____
Phone Number: _____	

SECTION D	
CANCELLATION	<i>Note: If processing 90 days beyond cancel effective date, supporting documentation must be submitted. Dealership is required to obtain a signed cancellation request from the customer/lienholder and retain in the customer's file.</i>
REASON: <input type="checkbox"/> Customer <input type="checkbox"/> Dealer <input type="checkbox"/> Repo <input type="checkbox"/> Totaled <input type="checkbox"/> Other: _____	
(FLEET VEHICLES ONLY: <input type="checkbox"/> ESP and QFC <input type="checkbox"/> ESP Only <input type="checkbox"/> QFC Only (vehicles currently enrolled in ESP))	
Cancel Effective Mileage/Hours: _____ Cancel Effective Date: _____ Purchase Price: \$ _____	
(Hour Conversion: 1 Hour = 25 Miles) (Excluding Tax)	

SECTION E	
TRANSFER	<i>Note: See Transfer Chart in the ESP Administrative Program Manual to determine appropriate transfer fee. Refer to the Administration/Registration section of the Administration Manual for supporting document requirements.</i>
Previous Owner Name: _____ ZIP Code: _____	
(Last) (First)	
<i>Note: The dealership is required to retain a signed waiver from the original ESP owner authorizing the transfer of the ESP Contract.</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No The dealership has retained a signed waiver from the original ESP owner.	
New Owner Name: _____ Date: _____	
New Owner Address: _____ ZIP Code: _____	
Mileage at Time of Transfer: _____ Transfer Date: _____	

Comments: _____