



CANCELLATION REQUEST FORM

Original Dent Guard purchaser must complete ALL sections of this form and submit along with the documentation listed. *Please PRINT.*

DEALER INFORMATION				
Dealer Account Name			Dealer Number	
Address			Telephone	
City	State	Zip	Email	
CUSTOMER INFORMATION				
Last Name			First Name	
Address			Telephone	
City	State	Zip	Email	
VEHICLE INFORMATION				
Dent Guard Service Agreement No.		Effective Date		Contract Purchase Price
Year	Make	Model	Vehicle Identification Number (VIN)	
CANCELLATION DOCUMENTATION <i>(Please check one)</i>				
Cancellation requests cannot be processed without the following supporting documentation.				
<input type="checkbox"/>	Repossession	<i>Attach proof of Repossession from lienholder</i>		Repossession Date ____/____/____
<input type="checkbox"/>	Total Loss	<i>Attach proof of Total Loss</i>		Total Loss Date ____/____/____
<input type="checkbox"/>	Customer Request	<i>Obtain Customer signature or attach Customer Request</i>		Date Received by Dealer ____/____/____
<input type="checkbox"/>	Other	<i>Please explain</i> _____		
SIGNATURES				
Customer Signature			Date	
Dealership Representative Signature			PRINT Name	
Return completed Form to: Mechanical Breakdown Protection, Inc. (MBPI) 250 NE Mulberry Lee's Summit, MO 64086 Phone: 1-800-670-9891 Fax: 816-347-9265				