

# TRANSFER APPLICATION FORM



**Mail To:** National Auto Care  
440 Polaris Parkway  
Suite 250  
Westerville, OH 43082  
**Phone:** 800-548-1875

**Mail this Transfer Application Form with:**

1. Check for Transfer Fee (see contract for amount)
2. Notarized Odometer Statement from vehicle sale
3. Proof of transfer of the manufacturer's warranty (if applicable to your vehicle)

**Please complete all required fields \***

**Vehicle and Product Information:**

Contract Number*:		Vehicle Identification Number*:
<hr/>		<hr/>
Vehicle Year:	Vehicle Manufacturer:	Vehicle Model:
<hr/>	<hr/>	<hr/>
Transfer Date (Date of Vehicle Sale)*:	Today's Date*:	Transfer Mileage (Odometer on Date of Sale)*:
<hr/>	<hr/>	<hr/>

**Original Owner/Contract Holder Information:**

Contract Holder Name*:		Contract Holder Street Address*:	
<hr/>		<hr/>	
Contract Holder City*:	Contract Holder State*:	Contract Holder Zip Code*:	
<hr/>	<hr/>	<hr/>	
Contract Holder Contact Phone Number:		Contract Holder Email Address:	
<hr/>		<hr/>	

The Contract Holder's Vehicle Service Agreement, while in-force, may be transferred by the Original Contract Holder to the subsequent owner of the Vehicle for a transfer fee (the transfer fee will be outlined in the applicable section of the agreement specific to the Original Contract Holder's state of purchase). The Original Contract Holder must transfer the manufacturer's warranty if available. Transfer is limited to an individual purchaser of your vehicle and the title may not pass through a Dealer or other Retail Seller.

All terms and conditions of the original Vehicle Service Agreement will apply to the Transferee named below. Approval of the transfer is at the discretion of the Administrator and may be declined for any reason. Submission of this Transfer Application and required item(s) listed below must be completed within thirty (30) days of the above Transfer Date.

Your signature on this transfer application verifies that you approve of this request to transfer your Vehicle Service Agreement. Your signature acknowledges that you have provided the Transferee named below with copies of all required maintenance receipts in accordance with the vehicle manufacturer's requirements outlined in your Vehicle Service Agreement.

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Contract Holder Signature	Signature Date

**Transfer Applicant Information:**

Transferee's Name (New vehicle owner)*:		Transferee Street Address*:	
<hr/>		<hr/>	
Transferee City*:	Transferee State*:	Transferee Zip Code*:	
<hr/>	<hr/>	<hr/>	
Transferee Contact Phone Number:		Transferee Email Address:	
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Your signature below on this transfer application verifies that you:

1. You will abide by the terms, conditions and exclusions of the Vehicle Service Agreement being transferred to you.
2. You will agree to perform all maintenance services in accordance with the vehicle manufacturer's maintenance schedule, that you will retain verifiable maintenance receipts as per the terms and conditions outlined in the agreement.
3. You have received all verifiable maintenance receipts from inception of the agreement from the original Contract Holder and will provide those records to the Administrator when requested.
4. Acknowledge that failure to provide verifiable maintenance receipts from inception of the agreement when requested could result in the denial of any claims.

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Transferee Signature	Signature Date