

NAME (FIRST) (LAST)

COLORADO GAP CANCELLATION REQUEST FORM

You have the unconditional right to cancel this optional Addendum for a refund/credit of the unearned portion of the charge for this Addendum at any time. If the Addendum is cancelled by You within 30 days of the Addendum purchase, You will receive a full refund/credit of the Addendum. To receive a full credit/refund You must provide this cancellation request, or written notice of cancellation to the address provided postmarked no later than 30 days after the Addendum was purchased.

SELLER INFORMATION

DEALER NAME/CONTACT

PHONE NUMBER			PHONE NUMBER							
EMAIL ADDRESS			EMAIL ADDRESS							
VEH	HICLE INFORMATION/ADDENDUM INFORMATION	I								
GAP ADDENDUM NUMBER			ADDENDUM EFFECTIVE DATE							
MAKE			MODEL							
YEA	AR VEHICLE IDENTIFICATI	ION NUMBER (VIN)								
REG	QUESTED DATE OF CANCELLATION		MILEAG	E (ODOMETER)	ON DATE C	F CANCELLAT	ION			
REA	ASON FOR CANCELLATION									
A c	ancellation request CANNOT be proces	ssed without the f	ollowi	ng:						
	Customer Request Customer signature or customer corresponden	ice is required.								
	Pay Off Please attach proof of payoff from lienholder o	n contract.								
	Refinance Please attach proof of refinance with new lien holder and proof of payoff from lienholder on contract.									
	Repossession Please attach proof of repossession. Example: A repossession letter.									
	Vehicle Traded/Sold Please attach proof of trade/sale. Examples: Buyer's order with trade-in information, odometer disclosure, or bill of sale.									
	Unwound Deal Must be submitted within 60 days of the original sale date or date received will be used to process cancellation. Dealership personnel signature is required.									
	Re-Contract/Fraud/Loan Not Funded Please attach proof of re-contract, fraud, loan r	not funded.								
	Total Loss/Theft Please attach proof of total loss/theft.									
If c	ancelling Guaranteed Asset Protection	n (GAP) will a clain	n be fil	ed?		□YE	:S	□ N(o	
CU	STOMER SIGNATURE	DATE	DEALER	SHIP PERSONN	IEL SIGNATU	RE		DATE		

Return this document to: Axiom Product Administration LLC, Attention: Cancellation Department,
1 Progress Point Parkway, Suite 101, O'Fallon, MO 63368
You may also submit this form by fax, (636) 614-0519, or email, contact@axiomadmin.com
For Assistance, call: (844) 252-0937

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