



ARCHIE COCHRANE MOTORS, INC.

www.billingsford.com

Authorization to Cancel

Please CANCEL my/our:

GAP Policy _____

Credit Life Insurance _____

Accident & Health Insurance _____

Extended Service Contract _____

ESP Type Ford _____ MasterTech _____

(Check the appropriate Line or Lines Above)

The Reason for the Cancellation is as Follows (traded in, paid vehicle off, totaled, etc.):
Please Note: Attach proof of payoff (lein release, bank letter) if your vehicle is paid off. If your vehicle is a total, please attach a copy of the "Loss Report" issued by the insurance company.

The Odometer Reading at the Time of Cancellation was:

_____ Miles _____ Date

Customer Name(s)

Customer Signature(s)

Current Mailing Address

Please Note: If the vehicle is not paid off, the cancellation refund will be made directly to your finance institution.

Vehicle Description: Year _____ Make _____ Model _____

Vehicle VIN _____

Date of Purchase _____

Management Approval

Date