



Cancellation Request

1. ANY REFUND WILL BE RETURNED TO THE LENDER, UNLESS PROOF OF PAYOFF IS PROVIDED.
2. Did you finance your Vehicle Service Contract? Yes No
If Yes:
 - Please provide name of lender:
Name: _____
Address: _____
 - Has this loan been paid in full? Yes No
3. Under the terms of your Vehicle Service Contract, the refund is calculated based upon the lesser of the unused portion of your time or mileage remaining.
4. Once your Vehicle Service Contract is canceled, you will lose your Vehicle Service Contract Road Service Benefits, and be responsible for all mechanical repairs not covered by any warranty in force. _____

Initial

Customer Information (Print or type)

Name _____

Address _____ () _____

City _____ State _____ ZIP _____ Phone _____

Customer's Signature _____ Request Date _____

Do you authorize the proceeds of this cancellation to be payable to the dealer? (circle one) Yes No _____

Initial

Category (Must check one)

- Customer Request** After 60 days, refunds are prorated and include a processing fee.
- Repossession** Attach lender's request letter.
- Theft** Attach supporting documentation for date/miles.
- Total Loss** Attach supporting documentation for date/miles.
- Trade-In or Sale** Attach Odometer Disclosure Statement and proof loan is paid in full.
- Unwind** Wrong plan or VIN, no funding, etc. Dealer credit only.
Unwind requests received more than 90 days after sale date will be prorated and include a processing fee.

Explanation for Any Above _____

Cancellation Date	Contract Number				Contract Type				Current Odometer Mileage			
Vehicle Identification Number:												

Dealer Information (Print or type)

Dealership Name _____ Dealer Number _____

Authorized By (Print or Type) _____ Authorized Signature and Title _____

Cancellation Information (Print or type)

- Attach customer's original Vehicle Service Contract booklet and copy of Application for Coverage to this form.
- Please allow 4-6 weeks to process cancellations from date request is received by Honda Care® Customer Service.
- **Completed forms may be faxed or sent to:** **American Honda Finance Corporation**
 Honda Care Customer Service
 P.O. Box 2225 Torrance, CA 90509-2225
 Ph: (800) 999-5901 Fax: (800) 810-4256