SAFE LEASE™

LEASE WEAR & TEAR PROTECTION CANCELLATION FORM

Instructions:

1. Complete all information. (Incomplete forms will be returned unprocessed)
2. Attach customer's original copy of LWT Agreement.
3. Please fax or mail to Administrator:
   LWT Cancellations
   3500 Piedmont Road NE, Suite 400
   Atlanta, Georgia 30305
   FAX: 678-553-1374
4. Allow three to four weeks for processing.

Reason for Cancellation (Select One)

- ☐ Customer Request
- ☐ Flat Cancellation
- ☐ Repossession
- ☐ Other _____

Customer's Name _____

Cancellation/Repo Date

Dealer Name | Dealer Number

Date of Sale | Vehicle Identification Number (VIN)

Term of Finance Agreement | Months in Effect

Buyer/Lessee Name | Address

City | State | Zip | Phone

I hereby request cancellation of my Lease Wear & Tear Protection Agreement in accordance with the cancellation terms and conditions of my Lease Wear & Tear Protection Agreement. I realize I relinquish all rights and provisions.

Dealer/Customer Signature | Date

Notes

Safe-Guard Products International, Inc./Program Administrator • 3500 Piedmont Road NE, Suite 400 • Atlanta, Georgia 30305 • (800) 742-7896