## **Dealership Cancellation Form**

	CANCELLING DEALER'S NAME & ADDRESS	CUSTOMER NAME & ADDRESS:
TO:	OWNER SERVICES INC. PO DRAWER 84410 BATON ROUGE, LA 70884-4410	GAP CONTRACT
	REQUEST FOR CANCELLATION/REFU	UND: OSI GAP CONTRACT
DEA	LER ACCT # CONTRACT NUMBER:	OR LAST 6 VIN:
MA	KE:MODEL:	MODEL YEAR:
CAN	CANCELLATION DATE: MILEAGE:	
	<ul> <li>If vehicle is NOT PAID OFF, we will send refund to lie</li> <li>Repossessed (include the following document)</li> </ul>	's order nust have complete VIN number) cle date of loss, and VIN number off (must have complete VIN number) from the refinance company payoff letter from lienholder with VIN # to refund contract holder enholder.
	Need copy of repo letter with date, and VIN number	Refund Amount:
	Cancellation check for OSI portion will b	e sent to the original selling dealership
TOD	PAY'S DATE:	
SIGN	NATURE OF CONTRACT HOLDER TO CANCEL:	
EMA	AIL CANCELLATION DOCUMENTS TO osicancellation@	theldsgroup.com OR MAIL TO OFFICE
DEA	LERSHIP CONTACT EMAIL:	

Log into www.theversantgroup.com to view cancellation information.