

**Customer Name**

**Customer Phone**

**Customer Email**

**Contract Number**

**Vehicle VIN**

(Vehicle identification number)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Odometer Mileage at Date of Cancellation**

**Date Requesting Cancellation**

**Reason for Cancellation**

---

**Signature of Contract Holder**

---

**Date**

Please mail, fax or email back the completed form to Simplicity Protection.

**Mailing Address: 122 W. Carpenter Fwy, 6<sup>th</sup> Floor, Irving TX 75039**

**Fax: 866-308-7905**

**Email: [support@simplicityprotection.com](mailto:support@simplicityprotection.com)**