



Vehicle Service Contract Cancellation Request

CUSTOMER INFORMATION

Customer Name: _____ Co-Customer Name: _____

Customer address: _____
Street Address *City, State, Zip*

VEHICLE/CONTRACT INFORMATION

Contract No: _____ VIN: _____

Cancellation Date: _____ Cancellation Mileage: _____

Cancellation Reason: _____

I/We attest the above cancellation mileage is accurate at the time of cancellation. I/We fully understand the vehicle service contract will no longer provide any benefits from this date forward and any cancellation refund due will be processed within 30 days of SilverRock's receipt of this completed request form. I/We understand a cancel fee may apply and I/we may refer to the contract for more details.

Customer Signature _____
Date

Co-Customer Signature _____
Date

Please submit completed, signed form to SilverRock by email or mail:

By Email: cancellations@silverrockinc.com
By Mail: SilverRock Automotive, Inc.
P.O. Box 29087
Phoenix, AZ 85038-9087