

AUTO SERVICES COMPANY, INC™

SPECIAL REFUND CANCELLATION REQUEST
FOR REPOSSESSION OR INSURANCE TOTAL LOSS

Agreement # _____

Customer Name: _____

Cancellation Date: _____

Mileage at Time of Cancellation: _____

Reason for Cancellation: _____

Send Refund to: _____

Address: _____

Contact Person: _____

Telephone: _____

FAX TO TERESA OR HEATHER @

870-424-3171

Also Fax copy to:

Dick Proudfoot if in OREGON @ 503-678-5335

Or

Steve Kelln if in WASHINGTON @ 360-915-7299